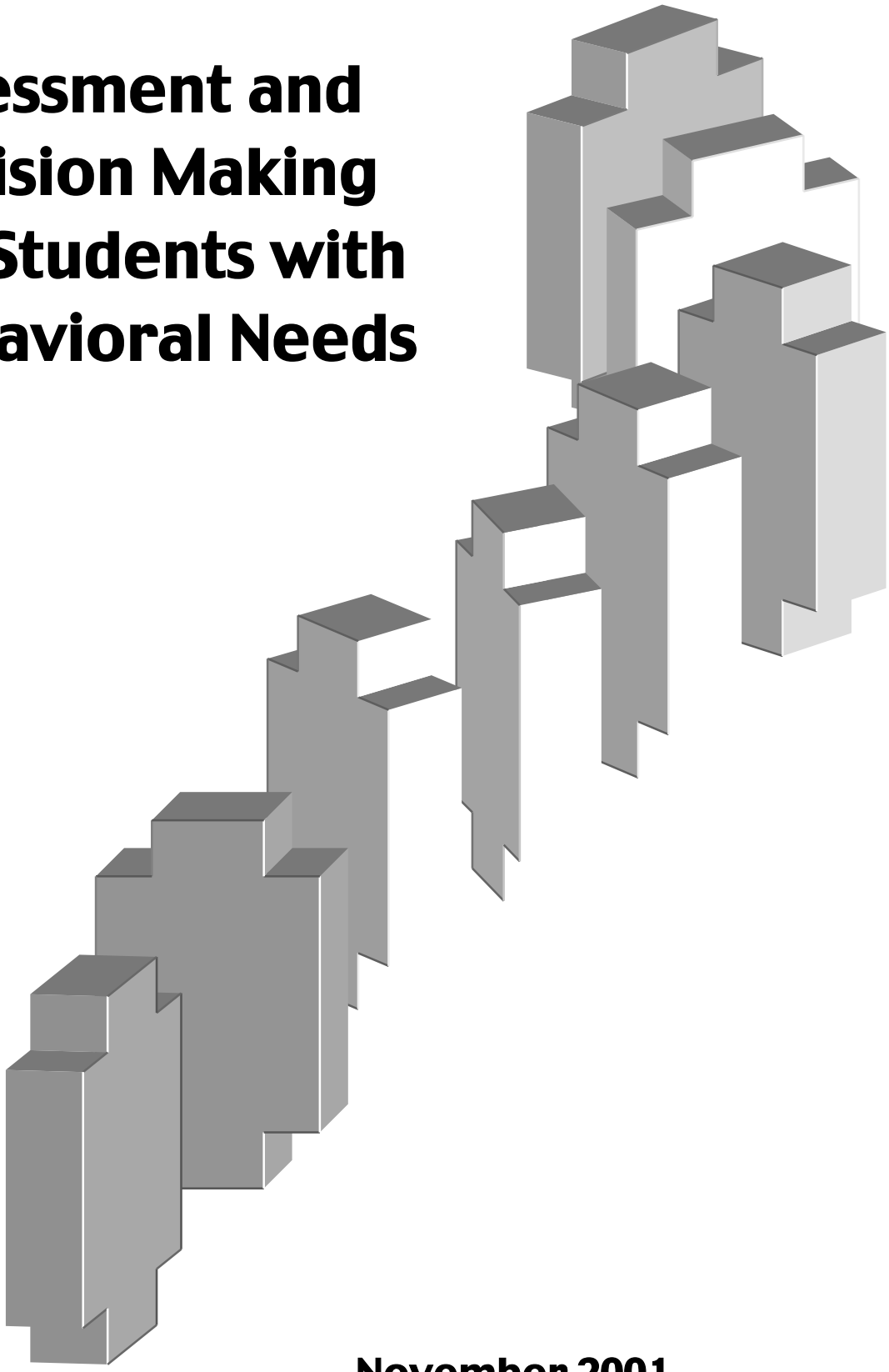
Assessment and Decision Making for Students with Behavioral Needs



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Chapter 1: Introduction

Suana Wessendorf Knau

Development of These Technical Assistance Guidelines

Starting in February of 2000, a small group of Iowa professionals convened with the specific charge of reviewing the current status of professional literature and practices in assessment related to behavior and providing guidance for a technical assistance document to be provided to Iowa's Area Education Agencies (AEAs). Development of the technical assistance guidelines was the result of a yearlong collaborative effort by the Iowa Committee on Assessment and Decision Making for Students with Behavioral Needs. During 2000-2001, participants in the study group met on a monthly basis to provide input on content for the guidelines written by committee members. The technical assistance document is the end result of this process and represents a consensus of this group with respect to content.

The meetings and work involved:

- ✓ discussion of background information and historical perspectives on assessment in behavior;
- ✓ background perspectives on other states' work in assessment in behavior;
- ✓ discussion on best practices in behavioral assessment;
- ✓ discussion on data needs in current practice;
- ✓ conducting ERIC and Internet searches on current practices in research and developing an assessment grid on current AEA procedures for Child Find, Discipline, Functional Behavioral Assessment (FBA), Identification, Problem-Solving and Solution-Focused Practices, and Related Services.

Throughout its work, the committee determined and adhered to several guiding principles. First, it decided to include multiple sources of data that examine various aspects of a student's behavior from numerous vantage points. Second, the committee emphasized data-based approaches to problem solving and the adoption and use of evidence-based practices. We also focused on a team-based approach to student-centered planning and multi-theoretical and professional decision-making practices.

The committee also resolved that this document be conceptually congruent with other major initiatives (e.g., Positive Behavioral Supports, Success4), have an emphasis on viewing behavior in a contextual-ecological approach, and include personal-social competence in its concept of educational performance and achievement.

Role of These Guidelines

Under the current rule structure, AEAs are given the option of maintaining traditional identification procedures or moving toward a more noncategorical system. If an AEA chooses to use a noncategorical assessment system across the AEA they do need to provide constituent educators, parents and advocates some guidance on the means by which relevant assessment strategies are used to carefully assess student needs. It has become apparent that we need a product in the area of assessing the social, emotional and behavioral needs of students. Each of the area education agencies is expected to delineate the means by which its evaluation strategies

will address these areas similar to other domains of student needs. In addition, with the passage of the Individuals with Disabilities Act of 1997 (IDEA'97) and the issuing of related implementation regulations, education professionals are expected to consistently employ a range of behavioral assessment skills particularly related to the behavioral and discipline expectations of IDEA'97.

This document presents the statewide work group's model and recommendations regarding preferred practices in the identification of behavioral disorders. The document is a resource for area education agencies and field practitioners. While the document presents information useful to the development, implementation and refinement of assessment and identification procedures and practices for students who require special education as a result of a behavior disorder, it also goes beyond students identified as having behavioral disorders and includes information critical to prevention and early intervention for a broad range of students with behavioral needs. Research-based programs and parent involvement are discussed and should assist the reader in working in these areas.

Content of the Document

The document is divided into seven chapters.

Chapter 2 explores behavior assessment in relation to IDEA'97's expectations in the behavior and discipline areas. It also emphasizes the importance of early intervention in affecting the subsequent course and persistence of problem behaviors.

Chapter 3 provides clarification of the current definition of behavioral disorders in Iowa and its relation to problem-solving or solution-focused approaches to assessment.

Chapter 4 identifies problem-solving standards related to the IDEA's requirements for parent involvement and the documentation of general education interventions. It also discusses culturally competent professional practice in the development of positive behavioral supports and engagement of parents from diverse cultural, linguistic and racial groups as well as schoolwide positive behavior supports and providing students with service in the least restrictive environment.

Chapter 5 examines the match between the level or comprehensiveness of assessment and the level of problems the child is experiencing as well as the fit of traditional assessment strategies into a comprehensive FBA process/model and procedures for integrating second opinions into assessment and decision making.

Chapter 6 deals with the determination of disability (expected levels of performance, current level of performance in relation to those expectations), the determination of educational needs and accommodations needed to ensure success and the role of data in demonstrating the impact of prior interventions in entitlement decisions.

Chapter 7 assists the reader in conducting evaluations that are adequate in scope, developing early/timely interventions based on evaluation data, establishing exit criteria in behavioral specific terms, defining acceptable progress toward goals, establishing criteria for making decisions regarding the need to change interventions, and making decisions regarding the provision for related/support services as a means of meeting students' needs in the general education setting.

Chapter 2: The Context for Assessment

Carl R. Smith

Introduction

> Assessment is a process of collecting data for the purpose of making decisions about individuals or groups and this decision-making role is the reason that assessment touches so many people's lives.
> Salvia & Ysseldyke (2001)

We are asked to assess the behavior of students in our schools for a multitude of reasons. At the heart of these reasons, as suggested in the quote above, are decisions that need to be made about the student in question. Potential eligibility for special education programs and services is but one of these decisions and, as you will see throughout this document, should not be the beginning reason for looking more closely at a student's behavior. We may be responding to concerns brought to us by parents who have observed behaviors of concern or may be alarmed by the performance of their child in school. We may have other parents bringing to us a behaviorally related medical diagnosis that has been presented to them by their physician as being critical to decision making regarding the structure of the school program being provided for their son or daughter. At an early stage we may be called upon to confirm or disconfirm the concerns raised by a colleague working with an individual student. From a more functional perspective, we may be gathering behavioral information to help us decide the best interventions to use in the classroom setting for a given student. In this context, we may, as Greene (2000) has described, be looking for our assessment process to lead us to the "doorstep" of interventions. The purpose of this chapter is to review the overall context for approaching the assessment of students demonstrating behaviors that lead others to the point of decision making regarding this child.

The original question of how best to identify students who are disabled by actual and/or perceived behavioral patterns remains a challenge. In Iowa, if an AEA has chosen a categorical system of special education evaluation, then this may be a pressing priority. But even if an AEA has chosen a noncategorical framework it is still incumbent upon the agency to define the threshold over which a student's behavior must cross in order to be considered disabled or *entitled* because of behavioral patterns. Within this monograph we have attempted to provide a best practice format for looking at these situations. At the core of such decision making lies the concept of multiple sources of data that look at multiple aspects of a student's behavior from multiple vantage points. This entails the use of a team of professionals and parents who view these data and analyze the extent to which these data converge in confirming the hypotheses regarding the dynamics surrounding a student's behavior. The assessment may be conducted for entitlement purposes or simply to address the vital questions of what supports, if any, are required for this student to succeed in school. Such an approach seems consistent with the problem-solving and solution-focused strategies being followed by a number of our area education agencies. This approach also reinforces the importance of information from home and school in viewing the behaviors of concern.

In addition to the original eligibility question, we have responsibilities that result from provisions of the Individuals with Disabilities Act of 1997 (IDEA'97). Under the section Special Considerations, within the individualized education program (IEP) provisions we are expected to address the behaviors of any student that may be interfering with his or her

learning and the learning of others. Inherent within this expectation is the capacity of teams to bring assessment information to these deliberations to document the extent to which behavior is a concern and potential areas that would warrant consideration as we review potential IEP components to address this area of concern. IEP teams may also be expected to assist in situations where a *not yet identified* student is facing disciplinary exclusion and the parents are asserting that their child should be protected under the IDEA provisions because the child should have been recognized by the school as having a disability. In this situation the professionals will need to establish the reasons why this student's behavior did not reach a threshold leading to the need for a more comprehensive evaluation and the potential needs for special education programs and services.

IDEA'97 also introduces other IEP team expectations such as the ability to conduct a functional behavioral assessment (FBA). Sugai (1998) defines this functional behavioral assessment as a " . . . systematic process for developing statements about the factors that contribute to the occurrence and maintenance of problem behavior, and more importantly serve as the basis for developing proactive and comprehensive behavior support plans" (p. 10). Assessment skills are used throughout the FBA process to define the behavior of concern, collect data from knowledgeable adults about the occurrence or nonoccurrence of the behavior, develop hypotheses about the function of this behavior and test such hypotheses (Katsiyannis and Maag, 1998).

Yell, Rozalski and Drasgow (2001) analyzed policy statements and due process hearings regarding the various disciplinary expectations within IDEA'97 including the completion of FBAs. As part of this analysis, the authors examined the types of problems being demonstrated in our schools from procedural and substantive perspectives. Within the procedural domain many schools were remiss in conducting the assessments in a timely manner or doing them at all. In the substantive domain, they found a number of instances where the FBA was determined to be inadequate due to limited data sources or the failure to focus such assessments around the behavioral needs of the students.

There are additional assessment-related tasks necessary to meet requirements of IDEA'97, that IEP teams are expected to competently perform for students with disabilities facing disciplinary exclusion. Examples include the ability to conduct manifestation determination (MD) reviews and assess the potential dangerousness of a student's behavior.

When a student with disabilities is excluded from school for over 10 days in a school year, the IEP team is required to conduct what is referred to as a manifestation determination review. The intent of such a review is to ascertain the relationship of the student's disability to the behavior that led to school exclusion. This requirement is based on a long-standing legal ruling (*S1 v. Turlington*, 1981) that the application of standard disciplinary procedures would not be fair to the student involved if the behavior of concern is a manifestation of and related to the student disability. This concept is analogous to the standards of *diminished capacity* or *diminished responsibility*, which have long been a part of forensic psychology and law.

Under IDEA provisions, the manifestation determination process must be completed no later than ten school days after the date on which the decision to take action was made. IDEA'97 specifies three questions that the IEP team must answer as it makes its determination. Each question requires the use of procedures assessing both the program in which the student has been served and the student. These questions are:

- In relation to the behavior subject to disciplinary action, were the student's IEP and placement appropriate and were special education services,

supplementary aids and services, and behavioral intervention strategies provided?

- Did the student's disability impair his or her ability to understand the impact and consequences of the behavior subject to disciplinary action?
- Did the student's disability impair his or her ability to control the behavior subject to disciplinary action? (IDEA'97, Section 615(k)(4)(C))

Yell, et. al (2001) also report on problem areas being cited in due process hearings related to conducting manifestation determinations. These include:

- An inappropriate evaluation was conducted prior to conducting the MD.
- The IEP team did not consider all evaluation data when conducting the MD.
- The entire IEP team was not convened to conduct the MD (regular educator was absent).
- The IEP was not appropriate, thus the behavior was a manifestation of the misbehavior.
- The IEP team, rather than answering the questions required in the IDEA when conducting an MD, determined only that the student knew the difference between right and wrong.
- A poorly conducted and documented evaluation was completed to inform the MD process.

Another example of the application of assessment competencies expected of IEP teams under the IDEA'97 is seen when school staff members are called upon to assess the potential dangerousness of a student's behavior in the school setting. This competency is needed in those situations in which the school feels that a student requires an interim alternative educational placement because his or her behavior poses an imminent danger to him/herself or others. In such situations professionals will be expected to compile information that can be presented to an administrative law judge establishing the need for such a placement based on the dangerousness of the student's behavioral pattern. This assessment process also provides the confirmation that the school has made reasonable efforts to deal with the perceived dangerousness of the behavior prior to turning to the interim alternative educational setting option.

These new legal requirements of IDEA'97 add to the already formidable tasks being faced by IEP teams in Iowa. One study that looked at the early success of IEP teams in implementing these requirements found that the teams were having problems performing at a level sufficient to withstand challenges in due process proceedings.

Through the passage of IDEA'97, Congress has reaffirmed the behavioral and discipline needs of students with disabilities. Several practices that were suggested as recommended practices in the past are now mandates. They have added further expectations on the already crowded agenda of IEP teams. . . . The [study] results would suggest that we have every right to be humble in asserting how easily these expectations can be implemented or in how well we are meeting these requirements (Smith, 2000, p. 411).

As we review the expectations contained in IDEA'97 in the areas of behavior and discipline, it seems apparent that these amendments to our federal law mandate a host of competencies that are expected of school personnel and parents when students with disabilities are involved in disciplinary actions in our schools. These include:

- Designing, conducting, and documenting functional behavioral assessments.
- Designing, conducting, and documenting behavioral intervention plans.
- Reviewing and determining adequacy of behavioral intervention plans.
- Preparing data to substantiate dangerous behavioral situations.
- Substantiating appropriateness of placements/interventions.
- Establishing the role of supplementary aids and services.
- Generating possible sites and adequacy of alternative educational settings.
- Implementing strategies to assess such areas as a child's *understanding impact and consequences of behavior* and *ability to control behavior*.
- Participating in screening of children facing discipline actions who may *not yet be eligible*.
- Establishing relationships with other agencies, including law enforcement and courts.

The concepts, suggestions and ideas in this monograph address many of these expectations but also challenge us to look carefully at best practices in behavioral assessment areas. It should be noted that the Iowa Department of Education is currently preparing specific materials dealing with meeting the discipline expectations of IDEA'97 to complement this volume.

The means by which IEP teams can gather needed data in order to adequately study the complexity of disability and behaviors related to disciplinary actions is indeed challenging. Chapter 5 of this volume will examine more closely areas of data collection associated with students displaying serious emotional or behavioral disorders.

A review of the behavioral assessment expectations of IDEA'97 leads to the realization that the assessment strategies needed reach far beyond those needed for eligibility determination and classification. Our assessments must also be useful in designing the interventions needed on behalf of youngsters in order to meet their social, emotional and behavioral needs.

Competing Models For Viewing Behavior

As we present the approach to assessment we believe is most productive in Iowa, it is important to remember that there have traditionally been competing models for approaching the assessment of problematic behaviors. While an in-depth discussion of such competing models is beyond the scope of this document, it is important to recognize the importance of these models, how they impact practice and the ways in which we are addressing these models in the practices we recommend in Iowa.

Several models for viewing deviant behavior have been proposed. These include the biological, psychodynamic, biological (pharmocological), ecological, humanistic, and behavioral models.

Much of the material contained in this document reflects an ecological and systems approach to looking at behavior in the school setting. Such an approach recognizes that our assessment procedures must carefully look at the student who is the focus of concern and his or her behaviors across a range of settings. But we don't stop there. This approach suggests that we must also carefully consider the behaviors of significant others in the child's life and a wide range of environment factors that may be related to the behaviors shown by the

target child. Only through a comprehensive view of the child can we begin to appreciate the complexity and interrelatedness of the factors governing an individual student's behavior.

Two other approaches to assessment are useful. One is a behavioral approach that particularly focuses on the importance of systematic approaches to behavior, the measurement of behavior largely on the basis of observed behavioral patterns and adherence to carefully defined methodologies. The other is based on a more clinical model that may be described as psychodynamic or psychoeducational. This approach focuses more intensely on the thinking and feeling aspects of a child's life and places more importance on the *inner lives* of children and caretakers. Implementing this approach requires more qualitative approaches to data collection than used in the behavioral approach.

Serious concerns have been raised regarding how we can reliably and validly measure such internal behaviors as feelings and emotions. For a more specific discussion of strategies for assessing this domain, we refer the reader to the earlier Iowa document on assessment of behavior disorders (Wood, Smith & Grimes, 1985). It should be noted, however, that we believe that such data should be used along with more behaviorally-based data such as systematic observation and is useful, beyond our initial eligibility considerations, only to the extent the data help in designing and delivering meaningful educational programs.

In viewing the behavior of students with significant social, emotional and behavioral needs these theoretical positions require that we make a choice of priority for assessment. The potential conflict may become manifest when we have persons representing clinical settings collaborating with school-based professionals in problem solving around individual students. Is it important to spend our time looking at the observable behavior and placing less stock in the feelings and emotions behind such or should we be paying more attention to the feelings fueling these behaviors and placing less stock on the actual behavior observed?

In the real world we need to bring both of these perspectives to our problem-solving or solution-focused efforts in order to yield the richest and broadest perspective on what is going on in the lives of these children and youth. As suggested in the Introduction section, this document is committed to honoring this richness and helping us to see that what may seem at the outset to be widely divergent views of human nature and the behaviors of children and youth can actually complement one another.

While we are committed to this multi-theoretical framework in assessing behavior, we are, as you will quickly ascertain in the forthcoming material, committed to the concept of data-driven decision making, a concept that lies at the core of quality and legally defensible decision making on behalf of these youth. This reinforces our need to move away from decision-making strategies that tend to rely on undocumented expert opinions to decide programming needs for individual students. A focus on data sets the scene for professionals and parents to share equally in the decision-making process, whether it be in terms of early intervention efforts, entitlement recommendations, program planning or evaluating the efficacy of interventions.

The Critical Role of Assessment

This document was developed with an appreciation of the importance that sound assessment practices play in the provision of appropriate programs and services to students with significant social, emotional and behavioral needs. Targeted, thoughtful assessment leads to similarly described interventions. These assessments also help trigger early, graduated interventions for behaviors of concern avoiding the faulty alternative of waiting until a behavior is so unacceptable

to require more intensive and frequently restrictive interventions and/or settings.

Related to this need for targeted, timely interventions is the notion of early interventions aimed at reducing the probability of long term, persistent problem behavior. Hill Walker and his colleagues (Walker, et. al., 1997) assert that children who bring an antisocial behavior pattern to school have a greatly increased risk for a number of long-term, negative outcomes. These children may have what Walker and his colleagues describe as "life course-persistent antisocial behavior" bolstered by entering school or preschool settings with problem behavioral patterns that may have been firmly established in family and child care settings.

Our assessment strategies need to be useful in addressing such important social issues. We need to intervene to change unacceptable behaviors rather than assuming that the child will simply outgrow behaviors of concern. Our interventions need to be planned in conjunction with the family, be culturally competent, and may, in more severe cases, require the efforts of multiple agencies with the school being a major participant, but not the sole provider of services. Our individualized assessment strategies need to lead to individualized interventions. As stated in a position paper of the Division of Early Childhood-Council for Exceptional Children (October 4, 1999): "While there is great appeal to the simple formula approach to challenging behaviors (e.g., if Sally does this behavior, you do this), it is a formula doomed to failure. There is overwhelming evidence that children show the same challenging behaviors (e.g., screaming) for fundamentally different reasons and that they may also engage in completely different challenging behaviors (e.g. running away, hitting peers) for the same reason . . . it is imperative to know, at the individual child and specific behavior level, the probable motivations or functions for the challenging acts" (p. 65-66).

We also need to consider possible positive interventions and carefully choose the replacement behaviors we are seeking to develop as alternatives to the unacceptable behaviors seen in the child. Our interventions need to be data-driven and take advantage of the multi-disciplinary team expertise available through our AEA/LEA teams. Finally, with the help of solid intervention strategies such as described in this document, we should encourage all participants to move beyond blaming the child and his or her family for the behaviors we perceive as unacceptable by adopting a more complex systems perspective.

Some Final Thoughts

The contextual considerations for this document should reinforce the importance and complexity of the task we face in assessing the social, emotional and behavioral status of the children we serve. In addition to the examples of *why* we must address this topic already provided we need to be reminded that there are a number of emerging issues that will challenge us to further develop our abilities to assess the behavioral area. This includes:

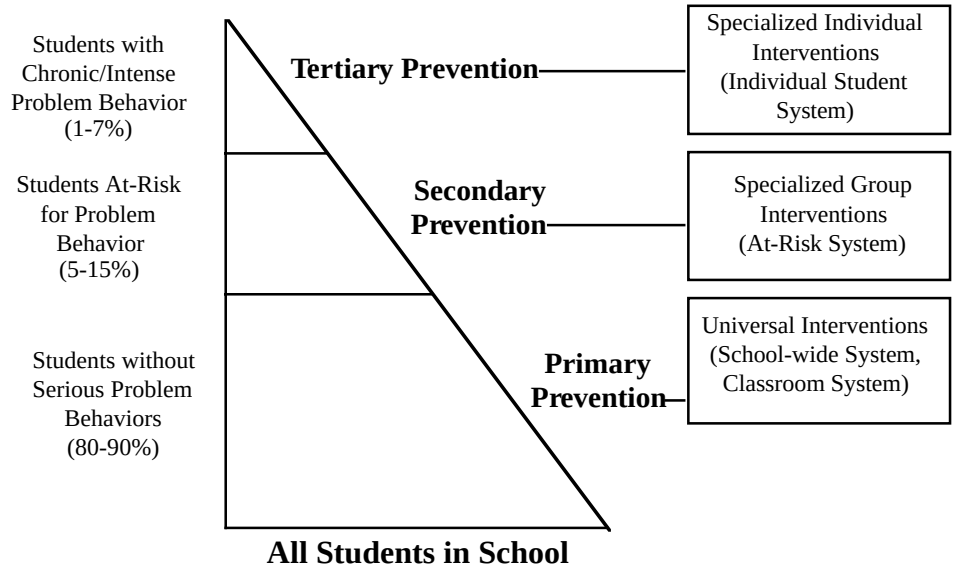
- assessment issues related to determining those situations in which students require more intensive, and, in some cases, more restrictive settings.
- assessment issues related to determining the need for related services such as counseling and measuring the impact of such services.
- emerging issues regarding the responsibility we have for serving traditionally underserved populations such as students with significant mental health needs.

This chapter has introduced and helped to define the basic context for assessment. We have addressed the multiple purposes of assessing the behavior of students and emphasized the importance of using these data to plan meaningful educational

programs for our students. In addition, we intend that the material in this monograph will assist Iowa teams in meeting the IDEA'97 team competencies related to behavioral assessment and programming.

A final note – Readers should be aware that throughout this volume we are stressing the application of a continuum of assessment strategies based on a recognition of the range of severity of behaviors that may be initially presented to team members responsible for assessment, as well as a recognition of the range of behavioral supports and structures that may result from such assessments. This assessment conceptual model mirrors the continuum of behavioral support model (Figure 2.1) disseminated by the OSEP Center on Positive Behavioral Interventions and Supports (1999). In Chapter 4, the authors focus on early intervention assessment issues while Chapter 5 illustrates assessment considerations for more serious behaviors. Chapter 6 addresses how teams use eligibility data that may be gathered reflecting different levels of behavioral need in the life of a particular student. In all cases, this volume is built around the notion of applying our assessment skills and strategies for decision making around the needs of individual students across a range of situations including, but not limited to, eligibility determination.

Figure 2.1 Continuum of Effective Behavior Support



Lewis & Sugai, 1999

References

Division of Early Childhood (DEC). (October 4, 1999). Concept paper on the identification of and interventions with challenging behavior. *Practical Ideas for Addressing Challenging Behaviors*, DEC, Council for Exceptional Children.

Greene, R. (2000). Explosive/noncompliant children and adolescents. Presentation at 12th Annual CHADD Conference, November 2 2000, Chicago, Illinois.

Individuals with Disabilities Education Act Amendments of 1997, (P.L. 105-17), 20 U.S.C. Chapter 33, Section 1415 et seq. (EDLAW 1997). (ERIC Document Reproduction Service No. ED 419 315).

Katsiyannis, A., & Magg, J. (1998). Disciplining students with disabilities: Issues and considerations for implementing IDEA '97. *Behavioral Disorders, 23,* 276-289.

Lewis, T. L. & Sugai, G. (1999). Effective behavior support: A systems approach to proactive schoolwide management. *Focus on Exceptional Children, 31,* 6, 1-24.

S1 v. Turlington, 635 F. 2nd 342 (5th Cir. 1981).

Salvia, J. & Ysseldyke, J. (2001) *Assessment* (Eighth Edition). Boston, MA: Houghton Mifflin Company.

Smith, C. R. (2000). Behavioral and discipline provisions of IDEA '97: Implicit competencies yet to be confirmed. *Exceptional Children, 66,* 3, 403-412.

Sugai, G. (1998 August). *Primer on functional assessment-based behavior support planning.* Iowa Summer Institute on IDEA '97 Behavioral Programming and Discipline Provisions, Drake University, Des Moines, IA.

Walker, H. M., Stiller, B., Golly, A., Kavanaugh, K., Severson, H. and Feil, E. (1997). *First Step to Success: Helping Young Children Overcome Antisocial Behavior.* Longmont, CO: Sopris West.

Wood, F. H., Smith, C. R. & Grimes, J. (Eds.) (1985). *The Iowa Assessment Model in Behavioral Disorders: A Training Manual.* Des Moines, IA: Iowa Department of Public Instruction.

Yell, M., Rozalski, M. & Drasgow, E. (2001). *Disciplining Students with Disabilities.* Manuscript. Columbia, S.C., University of South Carolina.

Chapter 3: Defining Behavioral Disorders

Carl R. Smith

Introduction

While this volume addresses assessment far beyond the sole issue of eligibility for special education programs and services we do have a responsibility to clarify the procedure necessary to determine whether a particular student is considered to have a "behavioral disorder" as defined in Iowa regulations. We do this with a realization that the extent to which this particular terminology will be used and the extent to which the specific components of the definition of behavioral disorders are emphasized will vary across the state and will be closely related to the assessment strategies developed within each AEA. Despite such variability we believe that it is important for Iowa professionals and parents to have a clear understanding of the intent of the definition of behavioral disorders as contained in the Iowa Rules of Special Education (2000). We also believe that it is important to relate this definition to the definition of "emotional disturbance" as contained in the Individuals with Disabilities Act (IDEA) as amended in 1997. We also compare this definition with alternative definitions that have been proposed by professional organizations such as the Council for Children with Behavioral Disorders (CCBD) or practices that are advocated by parent led organizations in areas such as attention deficit - hyperactivity disorders (e.g.,Children and Adults with Attention Disorders [CHADD]).

This chapter also addresses several contextual variables that are important as we view the definition of behavioral disorders. Included is the extent to which this definition describes a limited set of discrete conditions or whether we are, in actuality, dealing with a continuum of related behaviors. How we view the definition raises significant programmatic questions regarding the importance of the use of a particular categorical designation relative to the severity of the condition impacting the life of a specific student. This may also relate to the challenge of considering the special education definition of behavioral disorders and related assessment procedures in relation to definitions and assessment systems used in such areas as mental health and juvenile justice.

A final section in this chapter frames the Iowa definition of behavioral disorders in relation to the more comprehensive strategies used by many AEAs, such as the problem-solving approach or solution-focused strategies. What differences, if any, are there between these approaches and the Iowa definition of behavioral disorders? In what ways are they similar? A discussion of such would seem important as Iowa professionals and parents seek to understand the criteria we are expected to use in determining situations in which a student's behavior reaches a level necessitating the consideration of special education programs and services.

The Iowa Definition of Behavioral Disorders

Behavioral disorders became the term we use to describe students who are eligible for special education programs and services because of behavior in Iowa on July 1, 1983. This term replaced such earlier terms as *emotional disabilities, chronically disruptive* and *emotional maladjustment.* The adoption of this terminology seemed to reflect a changing perspective on how best to identify these students. As recalled by Smith and Grimes (1985), Iowa moved from a time in the 1950s when only mental health professionals were considered competent to identify these

students through a time in the 1960s when a clinical consultation with a licensed psychologist or psychiatrist was required to place a student in a self-contained setting. From the 1970s on, the total decision making regarding eligibility and program placement rests with the diagnostic-educational staffing (IEP) team. Iowa moved from a mental health driven model to an educational decision-making model for making decisions about the educational implications of behavioral disorders. Of course, IEP teams still call on mental health expertise if needed to plan for individual students within the educational context.

The definition of behavioral disorders adopted in 1983 and only slightly changed since states:

"Behaviorally disordered" is the inclusive term for patterns of situationally inappropriate behavior which deviate substantially from behavior appropriate to one's age and significantly interfere with the learning process, interpersonal relationships, or personal adjustment of the pupil to such an extent as to constitute a behavioral disorder.

(1) Clusters of behavior characteristic of pupils who are behaviorally disordered include: Cluster I - Significantly deviant disruptive, aggressive or impulsive behaviors; Cluster II - Significantly deviant withdrawn or anxious behaviors; and Cluster III - Significantly deviant thought processes manifested with unusual communication or behavioral patterns or both. A pupils behavior pattern may fall into more than one of the above clusters.

(2) The determination of significantly deviant behavior is the conclusion that the pupil's characteristic behavior is sufficiently distinct from his or her peer group to qualify the pupil as requiring special education programs or services on the basis of a behavioral disorder. The behavior of concern shall be observed in the school setting for school-aged pupils and in the home or center-based setting for preschool-aged pupils. It must be determined that the behavioral disorder is not maintained by primary intellectual, sensory, cultural or health factors.

(3) In addition to those data required within the comprehensive educational evaluation for each pupil requiring special education, the following areas of data collection shall be gathered when identifying a pupil as behaviorally disordered. These assessments should describe the qualitative nature, frequency, intensity, and duration of the behavior of concern. If it is determined that any of the areas of data collection are not relevant in assessing the behaviors of concern, documentation must be provided explaining the rationale for such a decision.

"Setting Analysis" data includes information gathered through informal observation, anecdotal record review and interviews describing the setting from which a pupil was referred, documented prior attempts to modify the pupil's educational program so as to make behavioral and academic achievement possible in the current placement, and social functioning data that includes information, gathered through sources such as teacher interview and sociometric measures, regarding the referred pupil's interaction with his or her peers.

"Pupil Behavioral Data" includes measures of actual behavior that include the specific recording, through systematic formal observations, of a pupil's behavior including the frequency of behaviors of concern, the measures of reported behavior that includes information gathered through checklists or rating scales and interviews that document the perceptions of school personnel regarding the behavioral pattern of the referred pupil and information regarding the perception of the pupil's home and school behavior obtained from the parent or surrogate parent.

"Individual Trait Data" includes information about the unique personal attributes of the pupil. This information,

gathered through pupil and teacher interviews and relevant personality assessments, describes any distinctive patterns of behavior which characterize the pupil's personal feelings, attitudes, moods, perceptions, thought processes, and significant personality traits. (Iowa Rules of Special Education, 2000)

Since this definition was forged, we have continued to learn more about the most relevant initial information that can be used in pinpointing the behaviors of concern and planning the programs to address these behaviors. The subsequent material contained in this publication reflects this growing body of knowledge. At the same time, however, it is important to examine the expectations for decision making regarding this definition. A primary source of information for this discussion can be found in The Iowa Assessment Model in Behavioral Disorders: A Training Manual (Wood, Smith & Grimes (eds.), 1985). As stated in this publication: "Several assumptions served as the base for the development of the Iowa definition of behavioral disorders. These are:

(a) the assessment process in behavioral disorders should include both behavioral and more clinically oriented approaches for determining behavioral deviance;

(b) although objectivity is to be sought, this can best be achieved through shared decision making and viewing the perceived behavioral disorder from different vantage points rather than thinking we are making objective decisions via the pseudoscientific manipulation of numerical data;

(c) priority in data gathering should be focused on those data most pertinent to the behavior of concern for a given student rather than standardized batteries administered to all special education referrals; and

(d) eligibility for the category of behavioral disorders within special education should be controlled via high quality, defensible professional decision making rather than earlier strategies such as the use of negative, nonfunctional labels to control such a process" (p. 6-7).

A more detailed discussion of the areas of data collection required in the Iowa definition of behavioral disorders is contained in the publication cited above. Specific information is provided on setting analysis, pupil behavioral data and individual trait data. As suggested in the definition itself, the appropriate application of this definition rests with our ability to collect multiple sources of data from which a staffing team can make determinations regarding the convergence of such data in order to answer both eligibility and program-planning decisions.

It should be noted that the Iowa definition of behavioral disorders and the areas of data collection specified within this definition emerged in conjunction with a series of studies conducted in the early 1980s. These studies looked specifically at the types of data used to identify students as behaviorally disordered from several different perspectives. The first of these studies (Zabel, Peterson, Smith & White, 1982) documented the types of data gathered in the evaluation process that teachers considered most valuable for program planning purposes. This study suggested that valuable data, such as observations and outcomes of successful interventions, were not necessarily being collected in the assessment process for students with behavioral disorders.

McGinnis, Kiraly and Smith (1984) used a file review process to contrast the quality and completeness of behavioral data versus general comprehensive data (such as achievement, intellectual or health history data). They found that comprehensive data were much more likely to be included in the evaluation of students with behavioral disorders than more

behaviorally related data, although one would think priority would be given to data most relevant to the major needs of the children.

Finally, Smith, Frank and Snider (1984) randomly selected files of elementary-aged students identified as behaviorally disordered in Iowa and had 60 teachers and 60 school psychologists rate the quality of data in the students' files and express their opinions regarding the relative importance of various data sources in decision making. Similar to the results in the earlier studies, observations, checklist/rating scales and social functioning data were rated as most important, yet were found to be of lowest quality in the files of students identified as behaviorally disordered.

Relating Iowa Definition to Federal and Other Definitions

The Iowa definition of behavioral disorders is considered equivalent to the federal definition of students with "serious emotional disturbance" as defined in the IDEA. This federal definition describes these students as exhibiting "one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance: (a) an inability to learn which cannot be explained by intellectual, sensory, or health factors; (b) an inability to build or maintain satisfactory interpersonal relationships with peers and teachers; (c) inappropriate types of behavior or feelings under normal circumstances; (d) a general pervasive mood of unhappiness or depression; or (e) a tendency to develop physical symptoms or fears associated with personal or school problems." (IDEA)

It should be noted that the U.S. Department of Education does review state definitions of equivalent populations to assure that each state's definition is identifying an equivalent population to the federal definition. On a national basis alternative definitions to the current federal definition have been proposed by the National Mental Health and Special Education Coalition (Forness & Kavale, 2000). This alternative definition, similar to the Iowa definition, stresses multiple sources of data collection in decision making. The Council for Children with Behavioral Disorders (1987) has taken the position that the federal definition "should focus on sources of data collection necessary to determine whether a student is behaviorally disordered. This approach is more promising than past directions of trying to identify an allied professional to make such decisions, relying on related diagnostic systems . . . or seeking a mathematical solution to eligibility questions" (CCBD, 1987).

It is also important to recognize that groups advocating on behalf of students with disabilities have recently recognized the importance of focused data collection in the process of designing needed programs for students in special education. For example, the CHADD organization recently published a position paper on school discipline in which they state: "Before the application of disciplinary measures, it is critical that qualified individuals familiar with the student have completed comprehensive and timely assessments of the behavior of concern. These assessments should include:

(a) The gathering of data that looks directly at the behavior being observed in the school setting.

(b) The perceptions of those working with the child in the school setting.

(c) Input from family members regarding the behavioral, social and emotional needs of the child

(d) Input from the student regarding what is happening in relation to the school situation.

It is essential that a comprehensive analysis is completed of the school setting in which the behaviors of concern are being seen" (CHADD, 1998, p. 6-7).

It would appear that the required components of setting analysis, pupil behavioral data and individual trait data within the Iowa behavioral disorders definition would contribute substantially to meeting such quality indicators as advocated by CHADD.

Kidder-Ashley, Deni, Azar and Anderton (1999) recently reviewed the definitions and procedures being used across states in relation to students with emotional and behavioral disorders (EBD). They were able to obtain information from 41 states. They analyzed the definitions and procedures individually and compared state definitions to the federal definition contained in IDEA. They found that terminology and eligibility criteria seemed to vary considerably across states. They also found the following:

- Although the majority of states consider educational performance an important factor in determining eligibility, none of the states were attempting to apply a formula approach, such as used in the disabilities area, to the EBD area.
- Over one-half of the states either require behavior rating scales or include these as optional. Fifteen states require at least two observations, five require at least two observers and seven specify that the observations must be done in a minimum of two settings.
- The majority of the states do specify that interventions must be implemented and documented. Four states specify a minimum of two interventions. However, the concept of "resistance to intervention" (Gresham, 1991) is not contained within these expectations.
- Several states require assessment strategies similar to that which we describe as individual trait data. Two states require the administration of projective techniques and four states include projectives as optional. A more frequent strategy is to prescribe a general psychological evaluation. Six states (15 percent) require an externally licensed psychologist to conduct such an evaluation. Two states require a diagnosis based on the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 1994).
- A total of 25 states (61 percent) require some form of parent input, in the form of social/development histories, general parent interviews, or adaptive behavior evaluations.
- Most states allow for a considerable amount of flexibility in the assessment of children in this area. A high degree of flexibility, according to the authors, may lead to a state identifying more students as having emotional or behavioral disorders.

These authors offered the following comments in relation to the definition of behavioral disorders in Iowa: "Iowa's model stands as a good example of an approach that attempts to use the available empirical literature. It identifies…major clusters of behaviors, and facilitates a link between the assessment process and intervention efforts" (p. 3).

Contextual Considerations

According to the recently released U.S. Department of Health and Human Services' publication, Mental Health: A Report of the Surgeon General (1999), "There can be no doubt that an individual with schizophrenia is seriously ill, but for other mental disorders such as depression or attention-deficit disorder, the signs and symptoms *exist on a continuum and there is no bright line separating health from illness, distress from disease*" (emphasis added) (p. 39).

This *diagnostic continuum* concept is important to consider as we look at the definition of behavioral disorders. While we are asked to arrive at a decision of whether a student has "behavioral disorders," we must keep in mind that we are far from arriving at a scientifically

supported "bright line" between those students with significant social, emotional and behavioral disorders who are merely *at risk* versus those with an identifiable behavioral disorder.

This reinforces the notion that planned behavioral assessment strategies and interventions are not just needed for those students who require the most intensive needs for programs and services. By accepting this *continuum of assessment competencies* approach we are emphasizing the value of carefully examining the dynamics surrounding any student's behavioral needs at the earliest juncture at which these behaviors are interfering with the learning of the child or the child's peers. For eligibility purposes, we are also expected to use this assessment information in demonstrating the impact of a student's disability on his or her educational performance. By using such an approach, we are also addressing the concerns that may arise later that this youngster "should have been identified" for special education programs and services (IDEA'97). We are also setting the scene for a positive behavioral supports concept in which the IEP team is charged under the IDEA'97 to consider the behavioral needs of any student "whose behavior is interfering with their learning or the learning of others."

This broad web approach to assessment recognizes educators' responsibility to carefully examine the circumstances surrounding situations in which a given student's behavioral pattern is considered unacceptable to the school setting. This approach dramatically contrasts with more traditional strategies that rely solely on punishing unacceptable behaviors while making the faulty assumption that students can demonstrate acceptable behaviors if they are strongly chastised when such behaviors fail to emerge. The potential positive outcomes of such a *continuum* approach is reflected in the subsequent chapters of this document.

Relationship to Problem-Solving and Solution-Focused Approaches

We believe that the basic components of the Iowa definition of behavioral disorders are quite compatible with more recently emerging general strategies such as problem-solving or solution-focused assessments. Within the context of defining behavioral disorders the Iowa definition provides specific expectations for areas of data collection that must be gathered by teams charged with this eligibility determination. These areas of data collection appear to be based on an Iowa-driven empirical model (McGinnis, et al., 1984; Smith, et al., 1984; Zabel, et al., 1982). The Iowa model has received support from a study contrasting models across the United States (Kidder-Ashley, et al., 1999). The more recently developed approaches to assessment, such as problem-solving and solution-focused strategies, stress systematic, structured approaches to removing a student's "barrier" to learning (Adelman and Taylor, 1996). As noted later, AEAs within Iowa have the option of developing their assessment strategies based on either a traditional categorical-driven system or an alternative noncategorical system. We believe that the areas of data collection described above are useful within either assessment model for the definition of behavioral disorders.

References

Adelman, H. & Taylor, L. (1996). *Policy and Practices of Addressing Barriers to Student Learning: Current State and National Directions*. School Mental Health Project/Center for Mental Health in Schools, UCLA, Los Angeles, CA.

American Psychiatric Association. (1994) *Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition).* Washington, D.C.: American Psychiatric Association.

Council for Children with Behavioral Disorders (1987). Definition And Identification of Students with Behavioral Disorders. *Behavioral Disorders, 3*, 1, 9-19.

Children and Adults with Attention Disorders (CHADD) (1998). *School Discipline* Position paper of CHADD, Adopted by Bd of Directors, April 10, 1998.

Forness, S. R. & Kavale, K. (2000). Emotional or behavioral disorders: Background and current status of the E/BD terminology and definition. *Behavioral Disorders, 25*, 3, 264-269.

Gresham, F. (1991). Conceptualizing behavior disorders in terms of resistance to intervention. *School Psychology Review, 20*, 23-36.

Individuals with Disabilities Education Act Amendments of 1997, (P.L. 105-17), 20 U.S.C. Chapter 33, Section 1415 et seq. (EDLAW, 1997). (ERIC Document Reproduction Service No. ED 419 315).

Iowa Department of Education (2000). *Rules of Special Education.* Des Moines, IA: Iowa Department of Education.

Kidder-Ashley, P., Deni, J. R., Azar, K. R. & Anderton, J. B. (1999). How 41 education agencies identify students with emotional problems. *Education, 119*, 4, 1-11.

McGinnis, E., Kiraly, J., & Smith, C. R. (1984). The types of data used in identifying public school students as behaviorally disordered. *Behavioral Disorders, 9*, 239-246.

Smith, C. R., Frank, A. R., & Snider, B. F. (1984). School psychologists' and teachers' perceptions of data used in the identification of behaviorally disordered students. *Behavioral Disorders, 10*, 27-32.

Smith, C. R. & Grimes, J. (1985). Behavioral disorders in Iowa: An overview. In F. Wood, C. Smith & J. Grimes (Eds.). *The Iowa Assessment Model In Behavioral Disorders: A Training Manual*. Des Moines, IA: State Department of Public Instruction.

U. S. Department of Health and Human Services (1999). *Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health.

Wood, F. H., Smith, C. R. & Grimes, J. (1985). *The Iowa Assessment Model in Behavioral Disorders: A Training Manual*. Des Moines, Iowa: Iowa Department of Public Instruction.

Zabel, R. H., Peterson, R. L., Smith, C. R. & White, M. A. (1982). Availability and usefulness of assessment information for emotionally disturbed students. *School Psychology Review*, *11*, 4, 433-437.

Chapter 4: Prevention and Early Intervention in the Assessment Process

Charlene Struckman and Cindy Laughead

The Iowa Administrative Rules of Special Education defines "children requiring special education" as "those individuals with disabilities who are unable to receive educational benefit from the general education experience without the provision of special education and related services." (Iowa Department of Education, 2000, 281-41.5(256B,34CFR300)

Determining *which* students with challenging behavior are "unable to receive educational benefit from the general education experience" without special education services must begin with an examination of that experience. This chapter will describe general education practices that provide a sound foundation for appropriate and equitable entitlement decisions. These are multi-level, data based prevention efforts, collaborative parent partnerships and culturally competent professional practices. Effective school-wide practices in these areas reduce the number of students with problem behaviors and provide documentation of the general education interventions that have occurred prior to referral.

The Case for Prevention

The MECA Study (Methodology for Epidemiology of Mental Disorders in Children and Adolescents) estimates that almost 21 percent of US children ages 9 to 17 have a diagnosable mental or addictive disorder with *at least minimum impairment*. Approximately 11 percent, or 4 million youth, show significant functional impairment from a mental disorder. Five percent suffer from a mental disorder that produces an *extreme* functional impairment (United States Department of Health and Human Services, 1999).

In 1994 the United States Office of Special Education Programs (OSEP) established a national agenda for achieving better results for children and youth with serious emotional disturbance. This move followed the collection of data indicating that students with severe emotional disturbance (SED) have lower academic performance, lower rates of graduation, lower rates of school attendance, and more encounters with the juvenile justice system than students from any other disability category. OSEP went on to warn that "failure to address the needs of children and youth with serious emotional disturbance will threaten the success of the nation's education objectives in GOALS 2000 and will limit life-long opportunities for many individuals" (United States Department of Education, 1994). Therefore, early intervention in children's lives to promote mental health and prevent behavioral disabilities is an important step towards achieving national education goals.

Current research on child and adolescent mental health focuses on normal and abnormal development in order to understand and predict the factors that will permit children and youth to attain a beneficial level of mental health. Studies identify both *risk factors* that are associated with mental illness and *protective factors* that protect certain youngsters despite exposure to risk (see Figure 4.1). Research reveals that physical and organic pathogens, parental stress, social discrimination, family violence, early academic failure and extreme poverty are among the known factors associated with the occurrence of emotional and behavioral disorders (Albee & Canetto, 1996; Masten, 1997).

RISK FACTORS	PROTECTIVE FACTORS
Extreme poverty	Positive role models
Parental stress	Feeling hopeful
Family violence	Self-esteem
Organic pathogens	Religious affiliation
Social discrimination	Good schools
Academic failure	Safe community

Figure 4.1 (Albee & Canetto, 1996; Masten, 1997)

Children may experience multiple risk factors at each stage of their development. For example, parents with less education have a higher likelihood of also being poor. As parents, they may be loving and caring, but research shows they talk less to their children. As a result, their children enter kindergarten with less developed language skills than their peers (Hart & Risley, 1995). These language skills are the foundation that is necessary for a child to become a proficient reader (Kame'enui, 1993). Early academic failure is another risk factor associated with behavior disorders. When children are not successful their school experience is less rewarding. This often leads to misbehavior that results in more negative experiences at school. These risk factors become circular with each leading to additional risk. Students with multiple risk factors present at each stage of their development, who lack sufficient protective factors to offset them, have the highest risk for developing serious problem behaviors (Wehby, Symons & Hollo, 1997).

Schools cannot resolve these serious social problems alone. However, educators can play an important role in communitywide, risk-focused prevention planning. Successful prevention programs begin early and involve the families of children at risk (Albee & Canetto, 1996; Eddy, Reid & Fetrow, 2000). The potential for successful outcomes challenges educators to collaborate with their communities to achieve shared goals.

Prevention in Schools

Prevention activities in schools are divided into three levels that parallel the public health model: primary, secondary and tertiary (see Figure 4.2). Primary prevention seeks to keep the problem from occurring by eliminating the causes. Secondary prevention involves early identification of those who are at risk so that mild problems do not become more severe. Tertiary prevention involves rehabilitation of those who are affected to enable them to lead as normal a life as possible (Guetzloe, 1999). Research shows successful outcomes for similar multi-level models of prevention in schools (Colvin, Kame'enui & Sugai, 1994, Conroy, Clark, Gable & Fox, 1999; Kamps, Kravits, Stolze & Swaggart 1999; Sugai & Horner, 2001; Taylor-Greene, Brown, Nelson, Longton, Gassman, Cohen, Swartz, Horner, Sugai, & Hall, 1997; Tobin, Sugai & Colvin, 1996; Colvin, Kame'enui & Sugai, 1993).

Primary prevention targets all students. Secondary prevention addresses the needs of students who receive multiple disciplinary referrals indicating greater risk. Tertiary prevention provides intensive services to those students with severe and chronic behavioral needs.

Level I - Primary Prevention

A Schoolwide System

A schoolwide primary prevention approach establishes a common basis for communication, reduces the proportion of students who receive multiple discipline referrals, creates a positive school climate, and increases the amount of time and resources that can be directed towards students with more serious needs. In addition, this approach uses research-based instruction and curriculum capable of supporting academic growth in all students, even those most at risk to fail. Schools typically respond reactively to misbehavior

by punishing the offender. Primary prevention programs, on the other hand, target the entire school, focusing on the development of resilience by modifying environmental conditions that predispose children and adolescents to increased risk (McLaughlin, Leone, Meisel & Henderson, 1997).

Sugai and Horner (2001) describe efforts in schools to build schoolwide positive behavior supports to reduce problem behaviors. These schools are teaching appropriate behavior in each school setting. They are not focusing their efforts solely on students who demonstrate problems, but are implementing contextually-based social skills instruction for all students.

Successfully implementing these types of research-based practices requires a systemic approach. Top-down change efforts in schools that appear successful at first often fail to be sustained. Colvin, Kame-enui and Sugai, (1994) warn that:

- "…educators lack the support needed to sustain their attention on a 'primary prevention' agenda.
- …systems are not in place to support the adoption and sustained use of research validated practices.
- A proactive unified effort involving the school, family and community often is not in place."

These authors suggest that, despite the challenges, schools must give the highest priority to establishing a system that can adopt and maintain effective practices. Systemic changes are difficult to achieve in organizations that share common beliefs and values. School districts are composed of people who represent a wide spectrum of beliefs and values related to education. This is why developing a system to create and sustain change is important and it is also why the task is so challenging (Wheatley, 2000).

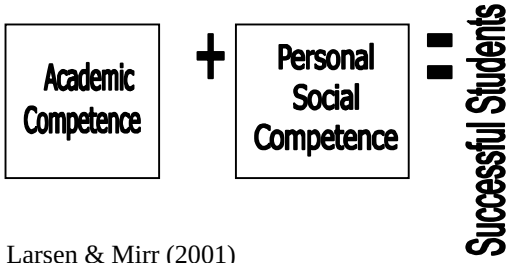
Success4: The Iowa Model

> "The school operates in the context of its community and district. Its work, in academic AND social, emotional, intellectual and behavioral domains, takes place at three levels: school-wide, in classrooms, and with individual students "
> (Iowa Department of Education, 2001).

In Iowa, the Success4 initiative seeks to accomplish this important task by building the capacity of schools, families and communities to foster the social, emotional, intellectual and behavioral development of students. Success4 is a school improvement process that provides a framework for diverse groups, working together, to assess needs, develop a plan, implement change, evaluate the outcome, and then plan again (Iowa Department of Education, 2001).

Success4 is based on the "Equation for Student Success" (See Figure 4.2). In this equation, students must have both academic and social competence to be successful. However, the school's work must be supported by an educational system capable of initiating and sustaining change. Parents and community groups play a key role in fostering the development of healthy young people. They need to be represented at all levels in the process.

Figure 4.2 Equation for Student Success



Larsen & Mirr (2001)

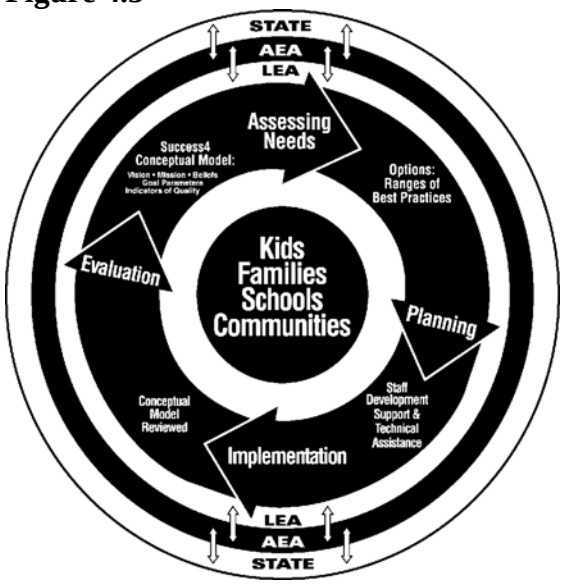
Data in Planning (Larsen and Mirr, 2001) describes a series of four meetings that will engage educators, families, students, and

community members in a collaborative planning process. Before the first meeting, the school collects data from multiple sources to be shared with participants from all of these groups. Then they invite parents and community stakeholders to examine the current comprehensive school plan to determine how well it addresses the needs of students. During the next meetings participants prioritize needs and develop an action plan. Participants must reach consensus on focus, the indicators to measure success, a set of goals, the activities and resources needed to reach these goals, and the results they expect to achieve. At the final meeting they decide what data they will collect and how they will use it to evaluate the plan's success. The data analysis from the first year of implementation provides the basis for a similar collaborative planning process for the second year (Larsen and Mirr, 2001).

Figure 4.3 graphically represents the process of continuous improvement advocated by the Iowa Department of Education in Success4. Each local school community partnership develops its own plan for change. Technical assistance, capacity building and access to specialized services and resources are provided by the area education agencies (AEAs). Over three hundred schools in Iowa currently participate in Success4.

This process, if implemented with fidelity, establishes a system capable of bringing about and sustaining change in school.

Figure 4.3



Selecting Effective Practices

When a system is in place to create and sustain innovative practices, the task of identifying research-based services and strategies begins. Positive behavior supports (PBS) based on functional behavioral assessments (FBA) are approaches with demonstrated successful results. When the Individuals with Disabilities Education Act (IDEA) was reauthorized in 1997, Congress mandated that schools consider PBS for special education students with problem behaviors (Section 614(d)(3)(B)(I) of P(L)105-17). FBA and PBS are systematic methods of developing interventions for individual students that go beyond the application of rewards or punishments to decrease undesirable behaviors. Effective practices based on these approaches have been shown to be effective at the school-wide level (Sugai & Horner, 2001; Scott, 2001; Tobin & Sugai, 1999).

Success4 Spells Success
Lincoln School, Cedar Falls, Iowa

Lincoln Elementary uses Applied Perceptual Control Theory to create a common language and a pro-active approach to teaching behavioral expectations. Certified and noncertified staff and parents have participated in varying amounts of Applied Perceptual Control Theory training. All of the teaching staff has completed at least a four day Act I level of training.

Each class develops a belief statement about how they want their classroom to be. They use a technique called "My Job, Your Job" to clarify roles and expectations about maintaining a quality classroom. Lincoln parents read and sign the belief statements. Schoolwide rules are based on the classroom belief statements.

Staff and students wrote a booklet, "Quality School, Words of Wisdom." Each day one page is read over the public address system. Students are taught to set goals and to self-evaluate. When misbehavior occurs students have the opportunity to develop a plan to correct the mistake. A building level problem solving team develops interventions for students with multiple incidents.

Periodic daily misbehavior showed a 64 percent drop in incidents between May 2000 and April 2001. In the same year, Lincoln's achievement on the Iowa Test of Basic Skills rose 9 percent as compared to the Cedar Falls District as a whole. All grade levels scored above the district average.

Some of the characteristics shared by schools that effectively implement school-wide positive behavior supports are:

- Primary prevention is visible school-wide.
- All students, families and staff members understand the schoolwide expectations.
- Students receive social skills instruction in the settings where they are expected.
- Students have regular opportunities to practice these skills and success is recognized.
- Contacts between teachers and students are often more positive than punishing.
- A full continuum of PBS is available for all students at the school and district levels.
- All staff members actively implement schoolwide PBS. (Sugai and Horner, 2001)

Over 500 schools in the United States actively implement schoolwide PBS. On average the implementation takes one to two years. In these schools, office discipline referrals decrease 40-60 percent and, as behavior improves, academic achievement improves. These effects endure for five to seven years when the implementation includes systems change and the adoption of validated practices (Sugai & Horner, 2001).

Level II - Secondary Prevention

Targeted Interventions for Those Most at Risk

The continuum of prevention includes secondary strategies to identify those at risk early so they can receive interventions designed to prevent the problem from becoming more severe. When a system of positive behavior supports is in place it serves as a screening process because those students who continue to receive discipline referrals are those most at risk.

The U.S. Department of Education (2000) suggests that educators learn to recognize the early warning signs that may predict violent behavior (see Figure 4.4). Observing which students show these early warning signs is another way to identify students needing secondary prevention services.

Figure 4.4 Early Warning Signs

- Social withdrawal
- Excessive feelings of isolation or being alone
- Being a victim of violence
- Feeling picked on and persecuted
- Low school interest and poor academic performance
- Uncontrolled anger
- Patterns of impulsive behavior such as chronic hitting, intimidating, bullying
- History of discipline problems
- History of violent and aggressive behavior
- Intolerance for differences and prejudicial attitudes
- Drug and alcohol use
- Affiliation with gangs; serious threats of violence (also an imminent warning sign)
- Inappropriate access to, possession of, and use of firearms
- Expressions of violence in writing

(United States Department of Education, April 2000, p. 16)

Research-based approaches for serving at risk children and youth include:

- Parent and family-based strategies that combine training in parenting skills with other educational and therapy components.
- Home visiting programs that provide nurse visits to the homes of high-risk families to impart information, health care, and other support services.
- Social cognitive strategies, training or curricula that address emotional, social and cognitive development.
- Mentoring that matches a child or adolescent with an adult mentor who provides guidance and serves as a role model. (Barrios, Baer, Bennet and Bergan, 2000)

These services are targeted to groups of students who have been identified by risk factors.

However, in addition to interventions that target groups, secondary prevention may involve interventions for individuals who are at risk. In Iowa, a systematic approach to developing intervention plans for individual students is provided by educational problem solving.

Educational Problem Solving

Division VII, 41.47(3) of the Iowa Administrative Rules of Special Education defines a systematic problem solving process as a "set of procedures that is used to examine the nature and severity of an educationally related problem." This definition does not guide schools that are implementing such a system.

Therefore, in 1994, in response to numerous requests, the Iowa Department of Education together with representatives from seven of the fifteen area education agencies developed a document to provide direction. *Professional Practices in Problem Solving* was developed to serve as a guide in the creation of comprehensive problem solving systems and to serve as a system evaluation tool for examining problem solving implementation.

The document began by identifying critical components that must be included in a school problem solving system. Figure 4.5 lists the critical components and a brief description of each component.

Figure 4.5 Best practices in problem solving: Key components

Component	Definition
Parent Involvement.....	"Active parent participation is an integral aspect of the problem-solving process."
Problem Statement.....	"A problem statement is a behaviorally defined description of a problem within an educational setting. It defines the degree of discrepancy between the demands of the educational setting and the learner's performance."
Systematic Data Collection.....	"Systematic data collection is a process for collecting meaningful, relevant information about a problem. It requires the development of assessment questions, selection of data collection tool (s) appropriate to answer the question, and the use of these tools to collect data."
Problem Analysis	"Problem analysis is the complex process of examining all that is known about a problem for the purpose of identifying alterable variables related to the problem. This information is used to design interventions that have a high likelihood of success."
Goal.....	"A goal is a written statement of projected improvement or remediation of the problem."
Intervention Plan Development	"An intervention plan describes the individualized course of action for addressing a specific problem. Effective intervention plans are based on systematic data collection and problem analysis."
Intervention Plan Implementation	"Implementation involves applying the intervention plan in the way that it was designed."
Progress Monitoring.....	"Progress monitoring involves the regular and frequent collection and analysis of learner-performance data for the purpose of evaluating the effectiveness of an intervention."
Decision Making.....	"Decision making is the systematic procedure by which responsible parties summarize and analyze patterns of learner performance. The analysis assists in making decisions about the effectiveness of an intervention."

Directors of Special Education, 1994

The Solution-Focused Approach to Intervention Development

Some Iowa educators object to investing so much energy in the *problem*. As an alternative, they developed a process based on solution-focused and brief therapy models (deShazer, 1985; Cade & O'Hanlon, 1993). Solution-focused practices rely on skillful questioning to use the individual's competencies to create new behaviors (Dielman & Franklin, 1998). In school solution-focused processes, skillful questioning and the use of strengths-based assessment approaches produce a system similar to problem solving. This process also documents the general education interventions and parent involvement required by IDEA.

Problem solving and solution focused systems are similar in many ways. However, there are some important differences. Problem solving emphasizes gathering data regarding the settings where the problem behavior occurs, while the solution-focused model gathers data about the *exceptions*. The goal is to use the times

that are problem-free to build effective solutions (Dielman & Franklin, 1998). Educators using a solution-focused process rely on strengths-based assessment strategies to develop intervention plans. Educators using problem solving depend on deficit based assessment strategies.

Strengths-Based Assessments: Engaging Students and Families

Parents shrink from meetings where they will hear a litany of bad news about their child. Students avoid adult encounters that focus on their failures. Even troubled youth have skills and abilities. For example, gang members may be criminals, but they may also be loyal. Delinquent youth break the law, but they are often creative and adventurous. Often educators try to suppress those skills rather than to redirect them. Instead of building on existing strengths, they emphasize undeveloped weaknesses. The recipients of this weakness-based process find it discouraging (Tate & Wasmund, 1999).

The strength-based paradigm separates negative behavior from the individual's personal worth. It recognizes the young person's needs. All youth need to belong to something, to have choices, to have fun and to feel competent. If socially appropriate ways to meet these needs fail, they may adopt antisocial means. Environments that do not provide opportunities for children to develop may unintentionally promote resistant and rebellious behavior. Looking beyond weaknesses to strengths enables educators to enlist the student and his or her family as part of the solution.

The strengths approach assumes that human beings are resilient and can survive despite risk factors. A major focus in strengths-based practices is the development of a collaborative relationship with the student and his or her family. This collaboration begins with the family sharing its definition of the situation, desired outcomes, and strategies to achieve those outcomes. While the family members may not know what to do to resolve their problem, they usually do have a vision of how their lives will be when the situation is improved. This approach is more than positively reframing problem situations or listing individual strengths. Strengths and resources are identified and are mobilized so that they can directly improve the problem situation. The interactive strategies of solution-focused therapy can provide the dialogue of strength that makes this mobilization possible (Early & GlenMaye, 2000).

Level III - Tertiary Prevention

> Students are typically identified for special education services only after their problems have become chronic and severe, making . . . their successful return to general education, . . . or high school graduation and gainful employment improbable with any known intervention (Kauffman, 1999, p. 449).

Tertiary prevention is the provision of services to affected individuals whose problems are already serious in order to enable them to have the highest quality of life possible. Estimates of the number of students needing tertiary services are 3-5 percent of the school population (Gable, Hendrickson & Smith, 1999). These students are often entitled to special education services. Even though formal special education assessment may not occur until the last level of prevention activities, the data from all levels provides the documentation of general education intervention and parent participation. A multi-level system provides interventions to those who need them early rather than after the problem is entrenched. Regular and special education staff can work together to provide timely and meaningful entitlement assessments when all levels of prevention activities are in place.

Meaningful Family Involvement: The Key to Success at All Levels

The student's family provides critical information and support of the process of developing an effective individual plan for a student with behavioral or emotional needs.

The initial IDEA legislation mandated parent participation in all aspects of decision making for students with disabilities. In 1997 Congress enacted amendments to this legislation specifying that parents have an opportunity to participate in all decision making meetings including those related to the identification, evaluation and educational placement of their child (Sec. 300.501). Parents must be part of the teams that determine what additional data are needed as part of an evaluation of their child (Sec. 300.533(a)(1)), their child's eligibility (Sec. 300.534(a)(1)), and educational placement (Sec.300.501(c)). The concerns and information provided by parents must be considered in developing and reviewing their child's IEPs (Sec. 300.343(c)(iii) and 300.346(a)(1)(I) and (b).

Therefore, the parents of a child with a disability are expected to be equal participants with school personnel in developing, reviewing, and revising their child's IEP. Parents are expected to play an active role in which they:

- Provide information about the child's abilities, interests, performance and history
- Participate in the discussion about the child's need for special education, related services and supplementary aids and services
- Join with other participants in deciding how the child will be involved in and progress in the general education curriculum
- Participate in the decision about what services the school will provide to the child and in what settings those services will be delivered

However, despite the legal mandate to build collaborative parent-professional relationships, implementing these philosophies into daily school practices continues to present challenges.

Barriers to Parent Participation

> "They always make me feel like his problem is because I'm a bad parent or a bad person. That it's because I'm divorced or because I yell at him sometimes."
> -Mother of a boy with Asperger's Syndrome explaining why she dreads meetings with school or community professionals

> "I'm not going to come over there just to hear ten people tell me what a bad kid I have and what a bad mother I am!"
> -Mother of a middle school student in a special class explaining why she isn't coming to a school problem-solving meeting.

Often the first contact the parents of a child who is misbehaving at school have with school personnel is after the problem behavior has continued for long enough to alienate many adults. Teachers who are understandably frustrated finally have an opportunity to direct their frustration at the parents. This situation does not create a positive atmosphere or result in a high probability that a warm, supportive, collaborative relationship between the adults at school and at home will be achieved. However, the task of developing effective interventions for students with behavior problems requires the involvement of parents. Parents provide critical information regarding their child. They can describe their child's development; they can compare his or her behavior to that of other children from the same racial, linguistic or cultural group; and they may report traumatic experiences or health factors that may be related to the problem behavior. They are

also able to evaluate the potential effectiveness and cultural appropriateness of proposed interventions. When parents support interventions that take place in school, the probability that the plan will be implemented with integrity both in the school and in the home is increased (Hieneman & Dunlap, 2000).

Building a collaborative relationship with parents requires a nonblaming attitude and an appreciation of the family's efforts. A Kansas study explored the characteristics of home-based case managers preferred by the parents of children with severe emotional disabilities who were receiving services. They discovered that providing hope, demonstrating a nonblaming attitude, and valuing the parents' information and effort were consistently mentioned by the parents as critical skills for their child's in-home case manager (Donner, Huff, Gentry, McKinney, Duncan, Thompson & Silvo, 1995).

Cultural, Linguistic, and Racial Barriers to Parent Participation

Some parents may have limited English proficiency and minimal experience with the dominant culture that hinders participation in their child's education. Families from diverse ethnic, racial, and cultural backgrounds may have had negative experiences in school settings that cause them to be distrustful when the school invites their participation (Sileo & Prater, 1998). Families from lower socio-economic backgrounds may have perceptions or experiences related to schooling that impede their involvement. Yet research shows that regardless of culture, race or economic status, most families care about their children. They want them to succeed, and they are eager to obtain better information from schools so they can support their children's education (Epstein, 1995).

Culturally Competent Practices

Culturally competent professional practices occur when educators accept and value cultural differences in others. Competencies for collaboration with families from diverse backgrounds include the following:

- Awareness of one's own cultural background
- Understanding one's own perspectives about those who are culturally diverse
- Using effective communication and problem-solving skills
- Understanding one's own role (coordinator, facilitator, advocate) in collaboration
- Using appropriate evaluative and instructional methods
  (Jairrels, 1999, p. 236-237)

Educators cannot have detailed knowledge of every culture students may represent. However, they are expected to behave toward all students in a manner that is appropriate across cultures. Culturally competent educators, "acknowledge, accept, and value cultural differences in their students" (Singh & Ellis, 1997, p. 26). This requires the knowledge and skills that are needed to understand and to value similarities and differences among culturally diverse groups of people. These educators are aware of the dynamic nature of cultures. They reject institutionalized or stereotyped characteristics associated with nondominant cultures. Instead they strive to understand students and families in terms of their cultural backgrounds.

> "Educators need staff development to work with the diverse worlds of children and their parents and to use effective strategies that are congruent with the cultural heritage and communication styles of the family. Teachers must understand, accept, value and address the underlying unity of people from various diverse cultures"
> (Sileo & Prater, 1998, p. 514).

Avoiding stereotypes is critical. A recent research project showed that the movement styles of African-American students affected teacher reactions and expectations. Teachers perceived the students with nonstandard movement styles characteristic of African American students to be lower in achievement, higher in aggression and more likely to need special education services than students with standard movement styles characteristic of white students (Duhaney, 2000).

In many cases, students from lower socioeconomic status families have cultural values and perceptions different from the middle class culture of most school staff. In recent research, teachers had higher academic expectations of students from affluent families than for students from low-income homes (Singh, et. al, 1997). Teachers and other professionals who work with children must understand that any form of prejudice is harmful to all students.

Barriers to Educator Participation in Building Parent Partnerships

> "Parent involvement is too much work."
>
> "When parents are around I feel inadequate."
>
> "I wasn't trained to deal with parents, just kids. I really hate these parent conferences."
>
> (Teacher quotes, McCarty, 1993, p. 9)

For many years educators have regarded the school and the family as separate domains. Parents were expected to appear when invited, be polite, listen, and then return to their domain at home. Changes in the law and school practices have encouraged more parent involvement in all aspects of school life. For many educators, the task of creating collaborative relationships with parents is challenging and threatening.

Studies of teacher stress show that parent conferences are a primary source of anxiety. Teachers fear the angry or dissatisfied parent. However, they also are upset when parents do not seem to care (McCarty, 1993). Nonetheless, research shows that most teachers and administrators would like to involve families but lack the knowledge or skills to act. They often do not know how to go about building positive and productive programs that result in strong parent partnerships (Epstein, 1995).

The legal mandate in IDEA'97 challenges educators to develop the skills and knowledge to reach out to parents and the community in order to build collaborative relationships that will result in effective services for children with emotional or behavioral needs.

Strategies for Effective Parent Involvement

Some strategies suggested by the Iowa Family Educator Connection include:

- Make sure that each participant at the meeting comes to the table with the same information. Share test scores, evaluations and other information with the family before the meeting.
- Be flexible in planning meeting places. Consider the library, the student's home, or a local restaurant.
- Be flexible in planning meeting times. Respect the family's work and personal schedule. Re-schedule when parents cannot attend.
- Give parents the language to be team members. Share any unfamiliar terms or acronyms with the family before the meeting.
- Do as much listening as talking. Ask parents for their opinions about their child's needs, their hopes for the future and their ideas for interventions.

- Emphasize the student's strengths.
- Be sensitive. Families may bring their own *baggage* to the meeting. They may feel that they are blamed for their child's problems.
- Demonstrate culturally competent practices. Provide an interpreter if the parents have limited English proficiency. Be sensitive to possible cultural differences in perceptions and understandings.
- Don't be offended when parents provide information about their child's disability. Show appreciation for their contribution.
- Be genuine. Share your own feelings in a positive way when appropriate. Ask questions when you don't understand.
- Explore creative ways to communicate with families before a crisis exists.
- Provide parent education opportunities, such as a program on "The Mysteries of Teaching and Learning Explained" or "Six Tips on Helping Your Child with Homework."

References

Albee, G. & Canetto, S. (1996). A family-focused model of prevention. In Heflinger, C. & Nixon, C. (Eds) Families and the mental health system for children and adolescents: Policy, services, and research. *Children's mental health services, 2*, p. 41-62.

Barrios, L., Baer, K., Bennet, G. & Bergan, A. (2000 April). Federal activities addressing violence in schools. *The Journal of School Health, 70*(4) p. 199-140.

Cade, B., & O'Hanlon, W .H. (1993). *A guide to brief therapy*. New York: W.W. Norton.

Colvin, G., Kame'enui, E., & Sugai, G. (1993). School-wide and classroom management: Reconceptualizing the integration and management of students with behavior problems in general education. *Education and Treatment of Children*, 16, p. 361-381.

Colvin, G., Kame'enui, E., & Sugai, G. (1994). Curriculum for establishing a proactive school-wide discipline plan. Project Prepare. *Behavioral Research and Teaching*. College of Education, University of Oregon, Eugene.

Conroy, M., Clark, D., Gable, R. & Fox, J. (1999 Winter). A look at IDEA 1997 discipline provisions implications for change in the roles and responsibilities of school personnel. *Preventing School Failure, 43* (2).

deShazer, S. (1985). *Keys to solution in brief therapy*. New York: W.W. Norton.

Dielman, M. & Franklin, C. (1998, October). Brief solution-focused therapy with parents and adolescents with ADHD. *Social Work in Education, 20* (4), p. 261-268.

Donner, R., Huff, B., Gentry, M., McKinney, D., Duncan, J., Thompson, S. & Silver, P. (1995). Expectations of case management for children with emotional problems: A parent perspective. In Friesen, B. & Poertner, J. (Ed.), *From case management to service coordination for children with emotional, behavioral, or mental disorders: Building on family strengths*, p. 27-36.

Duhaney, L. (2000 Summer). Culturally sensitive strategies for violence prevention. *Multicultural Education, 7* (4), p. 10-24.

Early, T. & GlenMaye, L. (2000 March). Valuing families: Social work practice with families from a strengths perspective. *Social Work*, p. 118-130.

Eddy, J., Reid, J., Fetrow, R. (2000 Fall). An elementary school-based prevention program targeting modifiable antecedents of youth delinquency and violence: Linking the interests of families and teachers (LIFT). *Journal of Emotional and Behavioral Disorders* 8(3) p. 165-176.

Epstein, J. (1995 May). School/family/community partnerships: Caring for the children we share. *Phi Delta Kappan*, p. 701-712.

Gable, R.; Hendrickson, J. & Smith, C. (1999 Summer). Changing discipline policies and practices: Finding a place for functional assessment in schools. *Preventing School Failure, 43* (4), p. 167-172.

Guetzloe, E. (1999 Fall). Violence in children and adolescents-a paradigm of prevention. *Preventing School Failure, 44* (1), p. 21-25.

Hart, B. and Risley, T. (1995). Meaningful differences in the everyday experiences of young American children. Baltimore, MD: Paul H. Brookes.

Hieneman, M. & Dunlap, G. (2000 Summer). Factors affecting the outcomes of community-based behavioral support. *Journal of Positive Behavior Interventions, 2* (3), p.161-172.

Iowa Area Education Agency Directors of Special Education Association. *Professional practices in problem-solving: Benchmarks and innovation configuration.* Des Moines, Iowa: Iowa Area Education Agency Directors of Special Education Association.

Iowa Department of Education (2000). *Rules of Special Education*. Des Moines, IA: Iowa Department of Education.

Iowa Department of Education (2001). *Success4 Understanding Systems Change: School Context.* Des Moines, IA: Iowa Department of Education.

Jairrels, V. (1999 March). Cultural diversity: Implications for collaboration. *Intervention in School and Clinic, 34* (4), p. 236-257.

Kame'enui, E.J. (1993 February). Diverse learners and the tyranny of time. *The Reading Teacher, 46*, 5, p. 376-383.

Kamps, D., Kravits, T., Stolze, J. & Swaggart, B. (1999 Fall). Prevention strategies for at-risk students and students with EBD in urban elementary schools. *Journal of Emotional and Behavioral Disorders, 7* (3), p. 178-188.

Kauffman, J. (1999 Summer). How we prevent the prevention of emotional and behavioral disorders. *Exceptional Children, 65* (4), p. 448-468.)

Larsen, B. & Mirr, R. (2001) *Success4 Facilitator's Guide to Using Data in Planning*. Iowa Department of Education, Des Moines, Iowa.

Masten, A. (1997 Spring). Resilience in children at risk. Research/Practice, 5(90), Center for Applied Research and Educational Improvement (On-Line) Available: http//carei.coled.umn.edu.

McCarty, H. (1993). *Ten keys to successful parent involvement*. Galt, California: Hanoch McCarty & Associates.

McLaughlin, M., Leone, P., Meisel, S. & Henderson, K. (1997 Spring). Strengthen school and community capacity. *Journal of Emotional and Behavioral Disorders, 5* (1), p. 15-23.

Scott, T. (Spring 2001) A schoolwide example of positive behavioral support. *Journal of Positive Behavior Interventions* 3 (2) p. 88-95.

Sileo, T. & Prater, A. (1998 Summer). Preparing professionals for partnerships with parents of students with disabilities: Textbook considerations regarding cultural diversity. *Exceptional Children, 64* (4), p. 513-528.

Singh, N., & Ellis, C. (1997 Spring). Value and address diversity. *Journal of Emotional and Behavioral Disorders, 5* (1), p. 24-36.

Sugai, G. & Horner, R. (2001 June) School climate and discipline: Going to scale. A framing paper for The National Summit on the Shared Implementation of IDEA (on-line) Available: http://www.ideasthatwork.org.

Tate, T. & Wasmund, W. (1999 Fall). Strength-based assessment and intervention. *Reclaiming Children and Youth*, p. 174-183.

Taylor-Greene, S., Brown, D., Nelson, L., Longton, J., Gassman, T., Cohen, J., Swartz, J., Horner, R., Sugai, G., & Hall, S. (1997). School-wide behavioral support: Starting the year off right. *Journal of Behavioral Education*, 7 (1), p. 99-112.

Tobin, T. & Sugai, G. (1999 Spring). Using sixth-grade school records to predict school violence, chronic discipline problems, and high school outcomes. *Journal of Emotional and Behavioral Disorders, 7* (1), p. 40-53.

Tobin, T., Sugai, G. & Colvin, G. (1996). Patterns in middle school discipline records. *Journal of Emotional and Behavioral Disorders*, 4, p. 82-94.

United States Department of Education (2000 April). *Safeguarding our children: An action guide*. Washington, DC: Editorial Publications Center, U.S. Department of Education.

United States Department of Education (1994). *National agenda for achieving better results for children and youth with serious emotional disturbance*. Washington, D.C.: Editorial Publications Center, U.S. Department of Education.

United States Department of Health and Human Services (1999). *Mental health: A report of the Surgeon General*. Rockville, MD: United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health.

Wehby, J., Symons, J., & Hollo, A. (1997 Spring). Promote appropriate assessment. *Journal of Emotional and Behavioral Disorders, 5* (1), p. 45-54.

Wheatley, M. (2000). Bringing life back to schools: Schools as living systems (on-line) Available: http://www.barkana.org.

Chapter 5: Problem-based and Comprehensive Assessments

Al Marshall and Ellen McGinnis-Smith

Introduction

When primary and secondary prevention efforts, such as those addressed in Chapter 4, are not successful in helping students succeed, tertiary methods should be considered. These strategies include implementing the problem solving approach previously described, but further intensifies the assessment specific to the target individual and his/her significant behavioral needs. The focus of assessment, therefore, shifts from looking at the group as a whole, to addressing the concerns of the individual and his or her interaction with the specific setting. This assessment process is important when considering both programming and eligibility decisions for students with persistent and serious behavior and adjustment problems.

The focus of the discussion in this chapter is placed on the assessment process with students who have serious behavior problems, with an effort to emphasize the breadth and flexibility inherent with the functional behavioral assessment approach. Additionally, examples of more traditional social, emotional, and behavioral assessments for students who resist our assessment and change efforts are described. Issues regarding the function of the problem-solving or IEP team, incorporating mental health information into decision-making, developing a behavior intervention plan, and the special challenge of assessment in this disability area are also addressed.

Assessment Parameters

The problematic behaviors of the children and youth targeted for assessment and subsequent interventions encompass a wide range. Some students exhibit inappropriate and self-defeating behaviors due primarily to an inability to deal effectively with the demands of the academic setting. Others exhibit more intense and frequent acting-out problems across a variety of school and social settings. Still other students in need of intervention do not act out toward others at all but turn their anger and frustration inward. The behavioral patterns of some students meet the Iowa definition of behavioral disorder. This "is the inclusive term for patterns of situationally inappropriate behavior which deviate substantially from behavior appropriate to one's age and significantly interfere with the learning process, interpersonal relationships, or personal adjustment of the individual to such an extent as to constitute a behavioral disorder" (Iowa Administrative Rules of Special Education, 2000, p. 3).

Because students with behavioral needs or a behavioral disorder are not a homogenous group, the Iowa definition of behavioral disorders includes three clusters or types of behavior characteristic of those students who are considered eligible for special education services and supports. These include: Cluster I - Significantly deviant disruptive, aggressive or impulsive behaviors; Cluster II - Significantly deviant withdrawn or anxious behaviors; and Cluster III - Significantly deviant thought processes manifested with unusual communication or behavioral patterns or both. The Iowa Rules further state that the "individual's behavior pattern may fall into more than one of the above clusters." Therefore, whether assessment and intervention efforts serve to address less serious behavioral issues through problem-solving or to guide eligibility decisions and subsequent IEP development, various systematic assessment procedures are required.

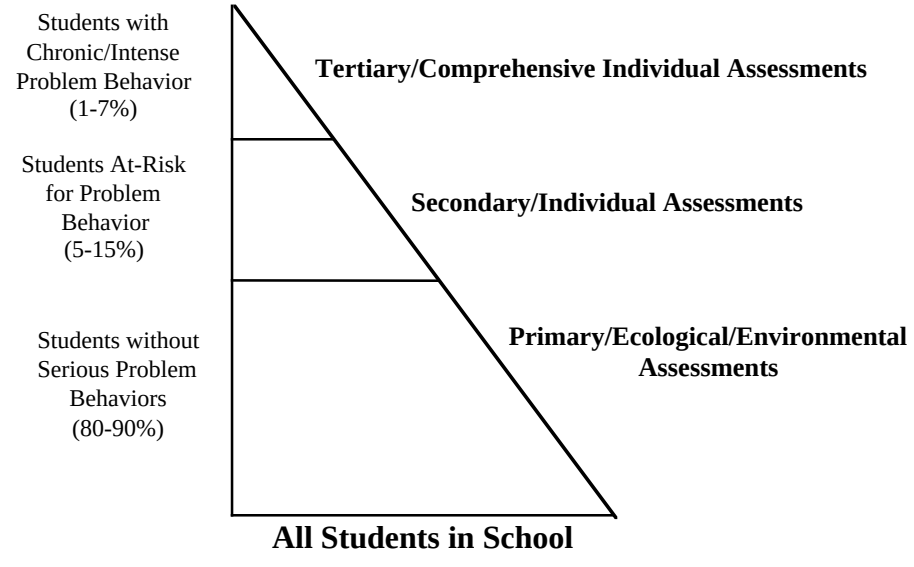
The intensity and rigor of assessment selected to address a student's behavioral concerns should correlate with the severity of those concerns. This assessment philosophy is illustrated in Figure 5.1 and suggests an assessment continuum corresponding to the continuum of behavioral supports described by OSEP (The Office of Special Education Programs, l999; Sugai, 1998) , and others.

Along this continuum, the majority of students in our schools (80-90 percent) do not require highly individualized assessment or intervention strategies. Instead, assessment centers on identifying factors in the school or classroom environment that support the undesirable behavior of the group. For students at this Primary Prevention level, the focus of our change efforts is placed on implementing universal interventions on a schoolwide or classroom basis.

While the majority of students will benefit from group based interventions, for a relatively small group of students, little or no change in their behavior will occur. For this group of individuals, interventions may not be successful because they are not intense and specific enough to overcome the risk factors these students possess, the resiliency they are lacking, and/or their learning histories. The Nelson, Martella, and Garland (1998) study suggested broad-based school environment strategies (e.g., schoolwide plans) had positive effects on student behavior. However, their results also indicated that systematic response to the disruptive behavior was a key factor in decreasing serious problem behaviors. Such results suggest that a more comprehensive system of interventions is needed for students who have more complex, serious, or intense behavioral issues.

Therefore, assessment activities move into the Secondary Prevention level when an individual fails to respond positively to less intense interventions and is consequently at-risk for continued or more serious behavior problems. Such students, estimated as between 5 and 15 per cent of school-age children, may or may not be receiving

Figure 5.1 Assessment Practices Along the Continuum of Effective Behavior



Modified OSEP, 1999

special education supports and services. Assessment at this level is typically described in Iowa as a problem-solving or solution-focused procedure as described in the preceding chapter in this monograph. Specialized group and/or individual interventions are suggested for students at this level of intervention.

Students with chronic and/or intense behavior problems comprise the group in need of Tertiary Prevention strategies. Representing from 1 to 7 per cent of all students in school, these individuals have shown resistance to the more generalized group and individual interventions implemented at the secondary prevention level. Therefore, at the tertiary level, specialized assessment and subsequent interventions are needed for students with significant behavioral or disciplinary concerns.

While problem-solving or solution-focused assessment procedures do not cease at the Tertiary Prevention level, more intense use of FBA procedures are clearly suggested. Our assessment procedures should intensify and become more complex as the student's problematic behaviors increase in intensity and complexity. Students with unusually persistent, serious, and intractable problems may additionally need components of a Comprehensive Assessment.

Following is a discussion of the FBA process and Comprehensive Assessment procedures specifically addressing students at this higher and more complex level of need.

Functional Behavioral Assessment (FBA)

The use of FBA to assess the problematic behavior of students eligible for special education services was mandated in IDEA'97 (PL l05-17). Federal Regulation 281-41.7 (265B.34CFR300) Discipline Procedures and 41.71 (2)b.(2) Iowa Rules of Special Education describe the specific situations in which FBA, and a resultant behavioral intervention plan (BIP), must be completed. Although FBA procedures are conceived to be the cornerstone of assessment, such procedures are not defined or described in the 1997 IDEA regulations. Subsequently, a July 1998 Iowa Department of Education publication, Definitions and Essential Elements: Student Discipline Provisions of the Individuals with Disabilities Education Act of l997, provided educators in Iowa with a definition of FBA and some directions for its use.

A comprehensive explanation of the FBA process and detailed procedures for conducting FBAs are beyond the scope of this manual. Instead, the emphasis here will be on parameters and issues related to the use of FBA. (For a thorough discussion of the implementation of FBA procedures, readers are referred to resources, such as Tilly, et al., l998; Quinn, et al., l998; Miller, et al., l998.)

When to Use FBA

FBA is a process to better understand a student's problem behavior and the context in which it occurs. Teachers often use a simple form of FBA in dealing with a student's behavior when they use what they know about the behavior and the student in order to respond (e.g., "She's talking to get my attention. I better teach and positively reinforce hand raising, and not attend to her talk outs."); thus, as a pre-intervention assessment, educators are guided by their experiences with and knowledge of a student toward interventions that have a high likelihood of success.

While the use of FBA may be most closely associated with the discipline provisions of IDEA, FBA is clearly advocated as a best practice procedure. In this context, FBA is an ongoing process, involves alternative sources of information, and employs a variety of assessment techniques. The goal is to lead to a comprehensive, effective Behavior Intervention Plan (BIP). Stated in

another way, the purpose of our assessment is to use those results in designing and implementing interventions that will result in the student successfully learning new behaviors that serve the same purpose as the undesirable behavior.

Because a student's behavioral patterns may shift and change, it will likely be necessary for teams to repeat the FBA process. It is therefore emphasized that FBA is not intended to be a one time event; nor should it be used solely to fulfill the IDEA requirement for its use.

Where does FBA fit when entitlement decisions are being made? Many of the components of problem-solving or solution-focused procedures parallel the components of FBA. These procedures can be used as part of formal problem-solving for students who may be in need of special education services. Like problem-solving, FBA should address all relevant areas of concern.

In addition, through the FBA process, the function(s) of the problematic behavior is (are) identified and an hypothesis about the function of the child's behavior is made. Based on this hypothesis, a comprehensive BIP is designed and implemented with integrity. The success of this plan, or the lack of behavioral progress made, provides additional data to be considered regarding eligibility for special education supports. Use of FBA/BIP information to make eligibility decisions is more thoroughly described in Chapter 6.

The use of an FBA (and BIP) is furthermore indicated when a student fails to make appropriate progress on his or her behavioral goals on the IEP. In order for the IEP to truly confer benefit for the child, a well-designed BIP is necessary. The BIP must be designed by the IEP team and include strategies for teaching a replacement behavior and other needed skills that will increase the child's behavioral and social success. The BIP then needs to be put into practice.

The interventions chosen for the BIP must be based on the hypothesis derived from the FBA.

In situations where a student's behavior is serious and may lead to suspension proceedings or other disciplinary action, an FBA (and resulting BIP) is indicated. In certain disciplinary situations, an FBA must be conducted and a BIP developed for a special education student, regardless of disability category, in accordance with IDEA and Iowa regulations. These procedures are mandated when any of the following exist:

1. A change of placement is considered due to disciplinary reasons (e.g., due to frequent noncompliance, disruption or aggression).
2. An alternative educational setting is being considered (e.g., due to zero tolerance policy, weapons, drugs, or the risk for injurious behavior).
3. There have been ten days of suspension.

To meet these requirements, the following must occur either before, or no later than ten days after, a disciplinary action as described above is taken:

1. If a student has not received an FBA and there is no BIP in place, the IEP team must be convened to develop an assessment plan to address the behaviors of concern. An FBA must be conducted and a BIP developed drawing directly from the results of the FBA.
2. If a student has received an FBA and a BIP is in place, the IEP team must review the plan and make necessary modifications to address the behavior that resulted in the disciplinary action.

When FBA and BIP processes are put into place early, the chances that disciplinary action will be necessary are reduced.

Early intervention with behavioral problems is clearly the expectation.

The model in Professional Practices in Problem Solving - Benchmarks and Innovation Configuration (Directors of Special Education Association [Iowa], l994) suggests how problem solving procedures address parent involvement, problem definition, assessment or data collection, problem analysis, goals and intervention planning. FBA should also address these areas.

In summary, FBA is appropriate and useful when (1) identification and entitlement decisions for the student are being considered; (2) intervention strategies are being considered or planned through the IEP development process; (3) there is lack of progress on the IEP; and (4) discipline decisions are necessary.

Definition of FBA

Functional Behavioral Assessment is a systematic, ongoing process that enhances an understanding of the purpose of a student's behavior in relationship to expected behaviors (Directors' Work Group, 1999). FBA is defined by Sugai (1998) as "a systematic process for developing statements about the factors that contribute to the occurrence and maintenance of problem behavior, and more importantly serve as the basis for developing proactive and comprehensive behavior support plans" (p. 10). As further stated by Katsiyannis and Magg (l998), "Conducting a functional assessment entails following a series of procedures to arrive at socially valid interventions."

Fitzsimmons (1998) provides five core steps to take when conducting an FBA. These include:

(1) verify the seriousness of the problem
(2) define the problem behavior in concrete terms
(3) collect data on possible causes of the problem
(4) analyze the data, and
(5) formulate and test the hypothesis

(Fitzsimmons, l998)

In other words, FBA represents a way of thinking about a student's behavior. It is question-driven assessment that seeks to understand the underlying functions of specific problematic behaviors and, with this increased understanding, design effective interventions based on the teaching of the desired behavior.

The specific questions asked will determine the assessment strategies selected. Some typically asked questions do not assist in developing specific and individualized interventions. Examples of such questions might include:

•Does the child need special education?
•Is he or she disabled?
•Where is the child going to be placed?

Such questions do not lead directly to problem-focused intervention development. But in the FBA process, questions that lead to a richer understanding of students and their behaviors are asked. Instead, FBA questions might include the following:

•What data do we need to gather to better understand the student and his/her behavior?

•What needs to change to enable the student to be successful?

•What is the impact of the environment on the student's behavior?

•How do we go beyond negative consequences to plan for the best possible outcome for this student?

The specific assessment strategies selected for the FBA must be likely to yield answers to these key questions. Through the knowledge and understanding gained, more effective interventions can be planned and implemented.

Although an FBA can be defined in a variety of ways, it is typically agreed that the

Figure 5.2 Heartland AEA 11 FBA Criteria
1. The problem behavior is identified and the behavior is specific, observable, and measurable.
2. Interviews from more than one teacher, the parent(s), and the child were included (indirect measure).
3. Structured observations were carried out in the same or similar way in both the setting where the problem behavior occurs and a setting in which the behavior does not occur (direct measure).
4. The hypothesis as to the function of the problem behavior is supported by both the direct and indirect data.
5. The replacement behavior matches the identified function, requires no more effort to obtain than the problem behavior, and is as efficient in gaining the function.

process focuses on developing hypotheses about the underlying purpose(s) of the student's behavior or what the behavior achieves for the student. Rather than looking at the surface behavior alone (e.g., hitting, noncompliance, not responding, etc.), FBA seeks to determine what the child is trying to accomplish (function) by engaging in this behavior. The answer to this question becomes the hypothesis or "our best guess" about the function of the child's behavior.

Typical functions for behavior problems that occur in school include gaining the attention of peers or the teacher, escaping or avoiding tasks or persons, or gaining access to a desired item or activity (Jolivette, Scott, & Nelson, 2000). When we have identified what motivates or drives the student (e.g., attention, escape task, etc.), replacement behaviors (desirable behaviors that serve the same function as the problematic behavior and are acceptable to others in the environment) can be defined. Strategies and supports that teach and reinforce the replacement behaviors, as well as contingencies for the problematic behaviors, can then be planned and implemented.

The criteria in Figure 5.2 (taken from the Heartland AEA 11 FBA Rubric) is applied to conducting an FBA

Although the purpose of this chapter is to present a framework for the assessment of students with severe behavioral concerns, rather than to present a discussion of interventions, the relationship between the FBA and the BIP is a critical one.

> The results from the FBA lead to BIP development; in addition, an effective BIP cannot be developed without conducting an FBA.

Because of this strong relationship, many experts are now using the term Positive Behavioral Supports as an approach that includes both FBA and BIP processes. Jolivetti, Scott, & Nelson (2000) suggest a ten-step plan for using the results of an FBA in the development of the BIP, thus ensuring the link between the two processes (Figure 5. 3).

Behavioral Intervention Planning as Part of Assessment

The goal of FBA is to better understand the function of the behavior of concern and to plan effective interventions. Planning and implementing a Behavioral Intervention Plan (BIP) from the results of the FBA is valuable because the process:

- Provides a model for teaching a replacement behavior so that the undesired behavior is ineffective and irrelevant.
- Is tailored to individual student needs.

Figure 5.3 Ten-Step Plan Using FBA in Developing a BIP

1. Determine the function of the undesired behavior.
2. Determine an appropriate replacement behavior.
3. Determine when the replacement behavior should occur.
4. Design a teaching sequence.
5. Manipulate the environment to increase the probability of success.
6. Manipulate the environment to decrease the probability of failure
7. Determine how the positive behavior will be reinforced.
8. Determine the consequences for instances of problem behavior.
9. Develop a data collection system
10. Develop behavioral goals and objectives

Jolivetti, Scott, & Nelson (2000)

- Provides direction for assessing program effectiveness and appropriateness.
- Allows for meaningful involvement of families and community resources.
- Considers the contingencies maintaining the problematic behavior.

Progress-monitoring data can also provide assessment information in the form of feedback to guide the team in providing services and program alternations to increase their effectiveness in realizing positive outcomes for the students.

Finally, comparing data on interventions and outcomes for students with similar problems may be useful in identifying model practices, specifying the most important risk and resilience factors for long term consideration, and developing new programming and resources.

Increased Flexibility of Functional Behavior Assessment

The concept of FBA is not a new one. FBA was initially developed in the 1930s based on behavioral theory. FBA procedures, specifically functional analysis (testing the hypothesis under experimental conditions), have been used extensively with individuals with severe disabilities in determining behavioral and educational interventions. Over time, conceptualizations of FBA and its use have broadened. Sasso and Peck (l999) for example, list the following categories as potential *setting events* and *antecedent variables*: medical and physical issues, environmental factors, social structure and interactions, curricular and instructional factors, control and personal issues (e.g., opportunities for choice, values or needs of the person, personal preferences, etc.), and classroom management factors.

Traditionally, only a few *functions* related to a student's behavior (e.g., escape, attention, etc.) have been addressed; however, this interpretation is also changing. Miller et al. (l998), for example, listed the following areas for consideration of function during the assessment: affective regulation/ emotional reciprocity, cognitive distortion, reinforcement, modeling, family issues, physiological/constitutional factors, communicating need, and curriculum/ instruction. Thus, the concepts of setting events and functions of behavior are clearly much wider than originally considered. The most recent materials related to FBA are beginning to look at much more subtle variables, such as complex social factors, mood, and internal regulation problems (e.g., anger control, unhappiness, etc.) (Kaplan, 2000) and cognition and affect (e.g., thoughts and feelings associated with setting events that effect behavior, mood, and emotional control) (Nichols, 2000).

This broader conceptualization of FBA is still under debate. Because the concept of

FBA was derived from behavioral theory, there are professionals who believe the process should be limited to addressing the child's overt behavior. Others believe that it is acceptable to consider nonobservable or internal behaviors in the FBA process when a more rigorous assessment is indicated. It is important to note that, even in the latter interpretation, objectives must be defined in measurable terms and the results of the interventions carefully evaluated.

Types of Measures and Procedures Included in FBA

Direct and indirect behavioral evaluation methods have been central to evaluating students and behavior problem situations in recent decades. As these approaches are brought under the umbrella of FBA, some important value and perspective may be lost without continuing attention to these procedures and their appropriate use.

Many traditional assessment tools addressing behavior problems in students continue to have value as part of FBA.

Direct classroom observations are critical sources of information when seeking in-depth understanding of behavior problems and behavior-problem students. Also critical, however, is the need for a trained observer using a reliable, valid code and procedure to complete formal observations of adequate length across settings and on enough occasions that the data and interpretations of these data may be reliable and generalizable. Other sources ranging from simple behavior counts to anecdotal and discipline records may be rich sources of information, but they may be misleading and inaccurate without careful interpretation and quality control. Information from parents regarding the student's behaviors at home and in the neighborhood and larger community, as well as their concerns related to the school setting, need to be obtained and carefully considered. Attention should be given to information contained in a student's long-term permanent record, and this information should be compared and contrasted with current reports and records.

Behavior ratings and adaptive behavior measures, completed by both parents and teachers, have traditionally been used in the identification of students with behavioral disorders and are often well constructed, reliable, and valid. However, an individual rater is clearly subject to bias or partiality, which indicates the need to consider multiple raters and perspectives, including those of the student's parents. Again, these methods are easily subsumed within an FBA, but it is appropriate that their technical strengths and liabilities be understood. In addition, high standards should persist in carrying out these assessments with techniques and instruments recognized for their reliability, validity, and usefulness. Interpreting and incorporating these results into a format that is useful to the team continues to be a critical consideration.

From our discussion, it is clear that FBA may be used to look at both proximal and distal factors, at social and emotional variables, and at internal and external processes. FBA should not be limited solely to antecedents and consequences (Carr, Levin, McConnachie, Carlson, Kemp & Smith, l994; Mace, l994). The Definitions and Essential Elements paper lists parameters for data collection and analysis that include broader examples of these perspectives. Many traditional assessment tools addressing behavior problems in students continue to have value as part of FBA. Examples of measures and procedures that may be embedded in an FBA include direct assessment strategies, such as student interviews, observations, data counts, anecdotal and incident reports, and setting analyses. Examples of indirect assessment strategies include interviews with parents and teachers, informant rating scales, and indirect social and emotional assessment techniques. More traditional psychological assessment practices for students with social, emotional, and

behavior problems may also be relevant in addressing individual student needs.

In summary, behavioral and emotional assessment as a process of gathering and evaluating information must be of the highest quality to ensure accurate and useful results. The assessments should have explicit purpose and be potentially useful, assessment plans should be developed in advance by the team (which includes and fully involves the parent), and assessments need to address specific questions or issues. These assessments should be completed by qualified professionals with recognized instruments, rigorous procedures and conscientious methods. The assessments should lead to results that may be interpreted and employed by the team in a logical, understandable and direct manner. Additionally, assessments should be nondiscriminatory with regard to race, ethnicity, language, culture and gender.

Comprehensive Assessment

The information sources described above can be critical in providing a broader perspective of the student's need for treatment, the goals of a BIP, the decision to move toward a full and individual evaluation, the development of an IEP and programming direction. However, other techniques and approaches should be considered in situations when those techniques do not define the problem(s) or when problems and circumstances are particularly complex or challenging.

General and special educators have acknowledged that students with emotional and behavior problems present challenging needs. Students with emotional or behavior problems are frequently seen to have multidimensional problems and present with co-morbid concerns, dual diagnoses, and psychiatric, family, community, and legal issues. According to the U.S. Department of Education, "Students with BD fail more courses, earn lower grade point averages, miss more days of school, and are retained at grade more than students with other disabilities. Fifty-five percent leave school before graduating" (U.S. Department of Education, l998). These students often require special programming unique to these conditions and require professional skills of a different type than other special education categories. These students are often not served adequately and their problems are often not resolved by instructional or curriculum modifications. Problems are typically intense and sometimes intimidating and not always easily tolerated by classmates and those who work with these students (Gresham, l998). These factors obviously indicate that assessment and programming will be more difficult and complicated for these students than for many other students with special needs. This suggests the need for more comprehensive assessments in many cases, particularly when the student's behavioral concerns do not respond to initial intervention efforts. Figure 5.5 addresses areas of assessment included in each of the three prevention levels. It is important to note that assessment at the lower levels may contribute to understanding the more complex behaviors and constitute a higher level of behavioral need. In other words, assessment procedures, such as curriculum-based assessment or assessing building and classroom procedures, may also be appropriate at the tertiary level of behavioral need.

Figure 5.4 Levels and Areas of Assessment Associated with the Continuum of Effective Behavior Support*

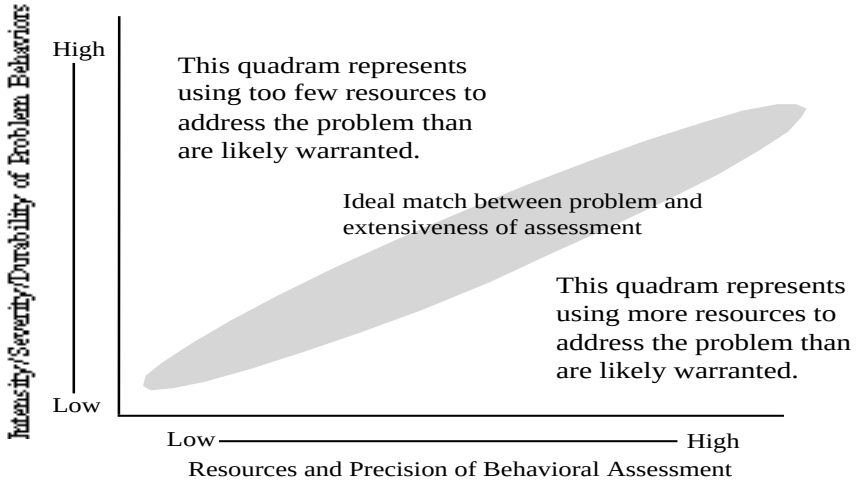
Ecological/Environmental Assessments (Primary)	Individual Assessments (Secondary)	Individual Intensive FBA/Comprehensive Assessments (Tertiary)
Climate Building and classroom procedures curriculum and curriculum-based community Problem-solving or solution-focused Staff interventions and feedback	Problem-solving Question-focused procedures Direct observations Behavior ratings Skills and abilities assessments Parent, teacher, child interviews	Personality Mental status** Clinical evaluation ABA hypothesis testing*** Functional analysis (formal) Cognitive style assessment

*FBA format applicable across all levels including Primary Prevention level.
**Clinical examination of a child's ability to attend, to process information, to orient to the environment and circumstances.
*** Formal process of testing hypotheses generated by functional assessment.

In certain situations the more rigorous and controlled procedures of functional analysis or applied behavior analysis are adequate to assess intense and sustained behavior problems. In other cases, such procedures may not be necessary. Evidence suggesting that problems may be related to developmental conditions, family and attachment factors, physiological conditions, traditional mental health problems, a history of physical or psycho-social trauma, and diminished self-regulatory processes require that we consider other types of assessment. Assessment models and procedures could include experimental hypothesis testing (functional analysis), transdisciplinary play-based assessment, detailed or structured psychological or psychiatric interviewing, and individual social-emotional testing. All of these methods may provide information that is critical to understanding some student problem behavior. The challenge is to match the level of breadth and depth of assessments (i.e., prevention levels) to the level of intensity, complexity, and resistance of student behaviors and emotions. Revisiting the levels of assessment from Figure 5.1, the proportions of assessments will theoretical follow a distribution similar to that of Figure 5.4.

Broader assessments and the use of multiple or alternate sources and strategies are necessary when student problems and behaviors are more intense and durable. Such procedures are necessary when antecedents and consequences are not readily observable or when problems involve skills and performance deficits. And they may be critical when problems relate to distorted thinking or poor emotional control. These broader assessments must also seek to address specific questions raised by the team, as well as employ the rigor and evaluation inherent in all FBA and BIP processes.

Figure 5.5 Intensity of Assessment Associated with Increased Severity



Tilly, et al., 1998

Role of Data from Nonschool Based Sources

The federal definition of emotional disturbance states the following areas of concern: academic, social, inappropriate or immature behavior or feelings, depression, and somatic concerns (includes anxiety). Both the federal and state of Iowa definitions intend to include children and youth with mental health concerns. In addition, the proposed definition of EBD by the Council for Children with Behavioral Disorders (CCBD) includes the recommendation that examples of mental health diagnoses be considered by the team in determining that such diagnoses "*could* make a student eligible *if* educational performance is also impaired." This proposal goes on to emphasize the importance of "greater coordination with other agencies that can provide related services in addition to the school" (Council for Children with Behavioral Disorders, 2000, p. 6). It must be emphasized, however, that **a mental health diagnosis is not required for special education eligibility** and does not contribute significantly to the development of BIPs.

The results of recent hearing decisions (e.g., Board of Education of the City of New York '98) further suggest that behaviors related to clinical conditions need to be addressed by educators through the student's IEP. Furthermore, the role of related services, such as counseling (Stroudsburg Area School District v Jared M, l998), as well as the role of the school in linking students to needed interagency services (Medford Public Schools, l998) have recently been examined.

There has been considerable confusion about the use of mental health information for programming and identification of

students with behavioral disorders. It is sometimes difficult to interpret information from the mental health field and confusing to determine its relevancy to educational programming. Educators have struggled to find ways to use information from mental health professionals in making concrete program and service decisions. Mental health professionals have faced challenges in making their system and perspective relevant and useful in addressing school issues. Mental health professionals may also lack agency support for their participation in educational decision making team meetings. However, IDEA'97 makes it clear that educator collaboration with other service providers (such as psychiatrists and other mental health professionals) is the expectation when it is necessary to enable the student to succeed (U.S. Department of Education, l998).

The goal of professionals working with children from many disciplines and settings is generally similar - to improve the functioning of children and their families. We strongly encourage reasonable efforts to integrate and make use of contributions from mental health and from other professional service providers.

How useful is mental health information for education decision-making? Historically, such diagnoses inferred that a disorder existed within the child and failed to consider other factors, such as the environment and purpose of the behavior. Gresham (l998) reports a lack of evidence that diagnoses drawn from the Diagnostic and Statistical Manual (DSM-IV) have "value or relevance" in planning educational services and realizing positive outcomes for students that address the function of the student's behavior. Similar concerns about the usefulness of psychiatric diagnosis were voiced in the Surgeon General's report on Mental Health (U.S. Department of Health and Human Services, l999). Others agree that psychiatric diagnoses, as such, do not relate directly to the provision of educational services (Alexson & Sinclair, l986; McGinnis & Forness, l988). Clearly, relying solely on a psychiatric diagnosis, without consideration of other school-based and family information, does not appear to be in accordance with best practice and is not the position advocated in either state or federal regulations.

> Involvement from mental health can and should entail more than a psychological interpretation and the determination of a diagnosis.

On the other hand, there is research evidence that maladaptive behavior patterns in childhood are correlated with mental health problems in childhood, adolescence and adulthood (Cowen, et al., l973) and later involvement with the legal system (Lyman, l996). Therefore, the impact of childhood mental health disorders on students' behavior and the relationship between student behavior and emotional problems and various mental health diagnoses should not be ignored. Instead, input from mental health professionals can and should entail more than psychological assessment, interpretation and diagnosis. Mental health information presented to the team should be shaped by relevant questions, such as the following:

- What are the implications of this diagnosis for the student's educational performance (behaviorally and academically), peer and adult relationships, etc.?
- What environmental or setting changes may be indicated?
- Are there approaches, such as strategies to reduce anxiety, which will assist the student to succeed in school and social situations?
- Are psychotherapy or other nonschool based treatments necessary?

When mental health evaluations are requested by school professionals or when school professionals are asked for information prior to scheduled mental health evaluations, specific questions like these

should be communicated to provide direction for the evaluation. Providing a format for reporting important information can also improve communication.

Despite problems with the relevance of psychiatric or mental health diagnoses to educational planning, procedures like those suggested can increase their usefulness to the assessment team in making both eligibility and program decisions. Remember that if the team recommends services which can only be provided outside of the school setting, it is the team's responsibility to create a link with such services.

Team Responsibilities Related to Assessment

The assessment should be planned and carried out by a team of professionals and parents who have knowledge about the child. Parent involvement should occur throughout the entire process. This team could be a student's IEP team (if the student has an IEP), a child study team, or some other set of parents and professionals appropriate for an individual child and situation. The team should always include the parent(s), one or more professionals experienced in assessment procedures, and others who have major access to the student in school. Inclusion of others who have direct experience with the student across other major life settings should be considered.

Many areas to be assessed for an FBA will be fairly obvious to those involved with students displaying behavior and emotional problems. On the other hand, the team needs to be open to the possibility that assessments should be broader, more multi-faceted, or include other perspectives. For example, subtle academic problems in combination with low tolerance for frustration or performance anxiety may be a significant aspect of a problem situation. In such cases, more than observations and cursory assessments of skills are needed. Social adjustment and peer relationship problems may be significant contributors to irritability or reactivity. Childhood depression may be a component to problem sets that appear as temper, irritability, hostile behavior, or asocial responses. Many possible connections exist between social and emotional factors that are not immediately obvious without close inspection.

It is therefore necessary that the team working with the student displaying behavior and emotional problems consider these issues and follow up with assessments that address and evaluate all relevant information (see Figures 2 and 3). These evaluations should be completed by licensed, competent professionals expert in the field, and it should be incumbent on them to cooperate in the interpretation and determination of practical utility of their information to the team.

The team should always include the parent(s), one or more professionals experienced in FBA procedure, and others who have major access to the student in school.

The team of people involved in conducting the assessment procedures will use a set of integrated practices to plan and carry out the process. The process continues as team members evaluate assessment data and other information for relevance. Relevant data link behavior and its functions in clearly stated hypotheses regarding problem behaviors. The goal of FBA in particular is to increase the efficiency and effectiveness of behavioral interventions (Horner, l994), the team should develop a logical plan for intervention, a BIP, based on these hypotheses.

Summary

This chapter provides a discussion of assessing the needs of students with severe and complex behavioral issues, including the parameters for conducting FBA in the context of best practice and disciplinary

procedures. A framework for intensifying the assessment process to match the severity or complexity of the problem behavior has been provided. The goal of this chapter is to bring educators and others involved in work with students with behavior problems further into a systematic response to behaviors that may be resistant to initial intervention efforts. Functional behavior assessments and behavior intervention plans are central to this endeavor.

Additional issues related to serving the needs of students with severe behavior problems, such as integrating data from nonschool based sources to enhance our decision making, were presented. The dimensions of assessment provided in this chapter are useful when considering both programming and eligibility decisions for those students with persistent and serious behavior and adjustment problems.

References

Alexson, J. & Sinclair, E. (l986). Psychiatric diagnosis and school placement: A comparison between inpatients and outpatients. *Child psychiatry and human development, 16*, p. 194-205.

Board of Education of the City of New York, 28 IDELR 1093 (New York ALJ l998).

Carr, E. G., Levin, L., McConnachie, G., Carlson, J. I., Kemp, D. C., and Smith, C. E. (1994). *Communication-based intervention for problem behavior: A user's guide for producing positive change*. Baltimore: Brookes.

Council for Children with Behavioral Disorders (Draft) (2000, January 20). Revised position paper on terminology and definition of emotional or behavioral disorders.

Cowen, E., Pederson, A., Babigian, H., Izzo, I. & Trost, M. (l973). Long-term follow-up of early detected vulnerable children. *Journal of Consulting and Clinical Psychology, 41*, p. 438-446.

Directors of Special Education Association (1994 January). *Professional practices in problem solving: Benchmarks and innovation configuration.* Des Moines, IA: Iowa Area Education Agency Directors of Special Education Association.

Directors' Work Group (l999 February). Recommendations on developing and implementing functional behavior assessments and behavior intervention plans.

Fitzsimmons, M. K. (1998). Functional behavioral assessment and behavior intervention plans. (ERIC EC Digest E571). Reston, VA: Council for Exceptional Children (http://eric.org/digests/e571.htm).

Gresham, F. & Noell, G. H. (l998). Functional analysis assessment as a cornerstone for noncategorical special education. In Reschley, D. J., Tilly, W. D. & Grimes, J .R. *Functional and noncategorial identification and intervention in special education.* Des Moines: Iowa Department of Education.

Horner, R. H. (l994). Functional assessment: Contributions and future directions. *Journal of Applied Behavior Analysis, 27*, p. 401-410.

Iowa Department of Education (2000). *Rules of Special Education*. Des Moines, IA: Iowa Department of Education.

Iowa Department of Education (1998). *Definitions and essential elements: Student discipline provisions of the Individuals with Disabilities Education Act of 1987*. Des Moines, IA: Iowa Department of Education.

Jolivette, K., Scott, T. M. & Nelson, M. (2000). The link between functional behavioral assessments (FBAs) and Behavioral Intervention Plans (BIPs). (ERIC EC Digest E592). Reston, VA: Council for Exceptional Children.

Kaplan, J. S. (2000). *Beyond functional assessment: A social-cognitive approach to the evaluation of behavior problems in children and youth*. Austin: Pro-Ed.

Katsiyannis, A. & Magg, J. (l998). Disciplining students with disabilities: Issues and considerations for implementing IDEA '97. *Behavioral Disorders, 23*, p. 276-289.

Lyman, D. (l996). Early identification of chronic offenders: Who is the fledging psychopath? *Psychological Bulletin, 120*, p. 209-234.

Mace, F. C. (1994). The significance and future of functional analysis methodologies. *Journal of Applied Behavior Analysis, 27*, 385-392.

McGinnis, E. & Forness, S. R. (l988). Psychiatric diagnosis: A further test of the special education eligibility hypothesis. *Monographs in Behavioral Disorders, 11*, p. 3-10.

Medford Public Schools, 27 IDELR 1020 (Massachusetts ALJ l998).

Miller, J. A., Tansy, M. & Hughes, T. L. (1998, November 18). Functional behavioral assessment: The link between problem behavior and effective intervention in schools. *Current Issues in Education* (on-line), 1(5). Available: http://cie.ed.asu.edu/volume1l/number5/

Nelson, J. R., Martella, R. & Galand, B. (1988). The effects of teaching school expectations and establishing a consistent consequence in formal office disciplinary actions. *Journal of Emotional and Behavioral Disorders*, 6 (3), pp. 153-166.

Nichols, P. (2000). Role of cognition and affect in a functional behavioral analysis. *Exceptional Children, 66(3)*, p. 393-402.

OSEP Center of Positive Behavioral Interventions and Supports (l999). Applying positive behavioral support and functional behavior assessment in schools. Eugene, OR: University of Oregon.

Quinn, M. M., Gable, R. A., Nelson, C. M., & Howell, K. W. (1998, January 16). *Addressing student problem behavior: An IEP team's introduction to functional behavioral assessment and behavior intervention plans*. Center for Effective Collaboration and Practice: Improving Services to Children and Youth with Emotional and Behavior Problems (On-line), Appendix B. Available: http://www.air-dc.org/cecp/resources/problembehavior/appendixb.html

Sasso, G.M. & Peck, J. (1999 February). Behavioral disorders and the reauthorization of IDEA: Functional assessment and behavioral support. 1999 Presymposium Workshop, Kansas City: Midwest Symposium for Leadership in Behavioral Disorders.

Stroudsbury Area School Dist., 27 IDELR 975 (Pennsylvania ALJ l997).

Sugai, G. (1998 August). Primer on functional assessment-based behavior support planning. Iowa Summer Institute on IDEA '97 Behavioral Programming and Discipline Provisions, Drake University, Des Moines, IA.

Tilly, W.D. (March l999). Presentation made at Iowa Academy: Advanced Training in Positive Behavioral Supports. Des Moines, Iowa.

Tilly, W. D., Knoster, T. P., Kovaleski, J., Bambara, L., Dunlap, G., & Kincaid, D. (1998 March). *Functional behavioral assessment: Policy development in light of emerging research and practice.* Alexandria, VA: National Association of State Directors of Special Education.

U.S. Department of Education (l998). To assure the free appropriate public education of all children with disabilities: Twentieth Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act.

U.S. Department of Health and Human Services (l999). Mental health: A report of the surgeon general. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institute of Health, National Institute of Mental Health.

Chapter 6: Determining and Documenting Eligibility

Marty Ikeda and Bruce Jensen

What Constitutes a Behavior Disorder?

Determining eligibility for services for students with behavior problems requires information that the child's behavior is significantly discrepant from what is expected of learners in his/her peer group, *and* that the child needs specialized instruction to meet the age-appropriate educational standards. Satisfactory direct measures of academic performance are available, but tools for assessing behavior are not as precise. The behavior assessment process is a thoughtful analysis of the behaviors exhibited by the learner as described in Chapter 5. There is a greater reliance on tools such as interviews, reviews of records, and observations to help teams understand the patterns of behaviors and identify strategies that allow the learner to be successful.

The purpose of this chapter is to provide a framework for special education eligibility decision-making for students with behavior problems. There are two assumptions that form the premise of this chapter. First, the purpose of special education is to improve the lives of students with disabilities and those of their families. The second assumption is that an IEP team is at the point of making an entitlement decision and has reached that point through following agency procedures with integrity.

While this chapter focuses on special education entrance, the framework used will be helpful when making other decisions about eligibility. For eligible students undergoing reevaluation, the framework presented in this chapter will support decision making around implementing goals in less restrictive settings, discontinuing goals, continued eligibility, exit from special education, and evaluating Section 504 Accommodation Plans.

This chapter will provide an understanding of what constitutes a behavior disorder. By following the convergent data process described, the team will understand how to determine if it has sufficient information to determine: (a) whether the student has a disability, (b) the present levels of performance and educational needs of the individual, (c) whether the student needs special education and related services, and (d) whether any additions or modifications to the special education and related services are needed to enable the student to meet the measurable annual goals set out in the IEP and to participate, as appropriate, in the general curriculum or appropriate activities (Iowa Rules 41.48 (4) (b)).

Does the Student Have a Disability?

After reviewing all available data, the team first decides whether it has sufficient information to determine if the student has a disability. The determination of disability requires answers to two questions:

1. *What are the expected behaviors for individuals at this age?*

This question is answered through reviewing district standards for behavior, if available, or reviews of student handbooks. Interviews with teachers and administrators also help define norms for acceptable behavior. By defining, in measurable terms, what is expected of typical students, teams can then answer the second question related to disability determination.

2. *Does the individual's current level of performance satisfactorily approximate the behavior expected of typical students?*

Reviews of records identify the pervasiveness of the problem and past settings in which problems were noted. Interviews with teachers and parents determine how often and in what situations a particular behavior occurs. Assessing current level of performance using reviews of records and interviews is consistent with setting analysis data required by the Iowa Rules when a categorical designation of Behaviorally Disordered is being investigated.

These data are also consistent with the Iowa Rules requirements for systematic problem solving processes.

> Iowa Rules
>
> Office records may provide insight about attendance compared to others in the school, as well as office referrals compared to others in the setting. Reviews and interviews identify times of days and classes in which the student is then observed. It is important to examine the settings in which the problem behavior is and is not occurring. The purpose of the observation is to identify the conditions that influence the behavior (and hence can be changed).

Teams must examine the impact of intellectual, sensory, cultural, or health factors on the behaviors. Deficiencies in instruction or limited English proficiency must be rejected as major contributing factors to the problem behavior. Teams should also review the results of general education interventions designed to solve the problem.

At this point, the IEP team decides whether there is sufficient data to support a determination that the individual is significantly discrepant from peers in the area of behavior. Depending upon the procedures for entitlement developed by AEAs, teams may be required to collect additional individual trait data prior to determining disability. Similarly, if (a) interviewees are inconsistent in how they report the severity of the behavior, (b) reviews of information suggest a variable pattern of behavior, (c) direct observations fail to validate that the behavior of the learner was different from what was expected, or (d) observations suggest that many others in the classroom exhibited similar behaviors, the team should seek consent for additional evaluation.

How Do Teams Determine Disability?

A disability determination is a high-stakes decision that requires appropriate information and standards of comparison. In Iowa, each AEA decides if students with disabilities will be identified by disability category, or if designations like *noncategorical* or *entitled individual* will be used. Figure 6.1 provides examples of information and data collection methods that support the decision as to whether a disability is present.

Figure 6.1 Methods and Information Needed in Categorical and Noncategorical Identification

Method of Identification	*Information needed*	*Appropriate Methods*
Categorical	Expectations of individuals this age	Reviews, interviews, observations
	Current level of performance	Reviews, interviews, observations
	Setting analysis data	Reviews, interviews, observations
	Contribution of intellectual, sensory, cultural, or health factors	Reviews of health records, reviews of past achievement, interviews, testing
	Contribution of lack of instruction or limited English proficiency	Interviews, observations, testing
	General education interventions	Review of intervention documentation including outcome data
	Individual behavioral data	Observations, rating scales
	Individual trait data	Rating scales, personality tests
Non categorical	Expectations of individuals this age	Reviews, interviews, observations
	Current level of performance	Reviews, interviews, observations
	Problem definition, data collection and problem analysis, intervention design	Review of intervention documentation including outcome data
	Contribution of lack of instruction or limited English proficiency	Interviews, observations, testing
	General education interventions	Review of intervention documentation including outcome data

How Do Teams Make a Determination of Present Levels of Performance and Educational Needs of the Student?

In order to make a judgment about the need for special educational services, the team considers information from a variety of sources and perspectives and across a comprehensive spectrum of areas. Data should be gathered from the important people in the child's life, such as parents, teachers, and counselors, as well as the child. Data collection methods include reviews of prior interventions, direct observations, interviews, rating scales and other means required to gain a clear understanding of the child and provide answers to the questions which have been posed by the evaluation team. The data are put together to provide an integrated and complete perspective that does not ignore the potential importance of data obtained in other domains, such as academic functioning and health or sensory status. This does not mean that the team should go *fishing* for possibly relevant data, or engage in a routine battery of assessment activities to rule out any possible explanation for the behaviors of concern. The data collected should be purposefully gathered and examined in light of the specific decisions to be made. This is most usefully done if hypotheses are generated before the assessment activities are started and then reconsidered in light of the obtained data and the entitlement decisions facing the team.

While the team sometimes wrestles with conflicting data, its task is to identify consistent trends and themes.

Decisions about entitlement are based upon the convergence of data. While the team sometimes wrestles with conflicting data, its task is to identify consistent trends and themes. Variables such as the frequency, intensity, pervasiveness, and duration of the problem behaviors need to be examined in an attempt to discern a pattern of behavior and thus achieve a convergent point of view and a team decision. When the team is unable to establish a clear pattern of behavior, it should conclude that the child is *not* entitled to special education or that a more intensive evaluation may be required, such as one provided in a carefully structured clinical or hospital setting (see previous chapter).

Consider the following scenarios: a teacher reports that a child exhibits severe behavior problems. Previous teachers did not indicate concern with the child. Interviews are conducted to identify the times of day that behavior is a problem. When the child is observed during these times across several days, the child's behavior is not discrepant from what is expected. The defensible conclusion is that more information is needed. In a second example, the child is discrepant from what is expected, but there are at least five other children with as bad or worse behavior, who were not referred. In this case, the defensible conclusion is that a group intervention needs to be implemented and evaluated prior to making a determination of disability and need.

Any time a team determines that a child does not need special education the need for an appropriate general education intervention will be explored. For example, a teacher asks for assistance designing an intervention for a student with disruptive behaviors. After reviewing all data generated for entitlement decision making, the team determines that the child is not very discrepant from peers, and that the interventions in general education reduce the behavior. The team concludes that the student is not an eligible individual. The teacher, however, still has concerns about the behavior and about the intervention currently in place. It would be appropriate for the team to consult with the teacher to determine how the intervention in the general education setting should be modified. In addition, the team should follow district procedures for consideration of a 504 plan.

Does the Student Need Special Education and Related Services?

In making the determination of specific educational needs, the team uses data already gathered for the determination of disability. The evaluation must include an objective

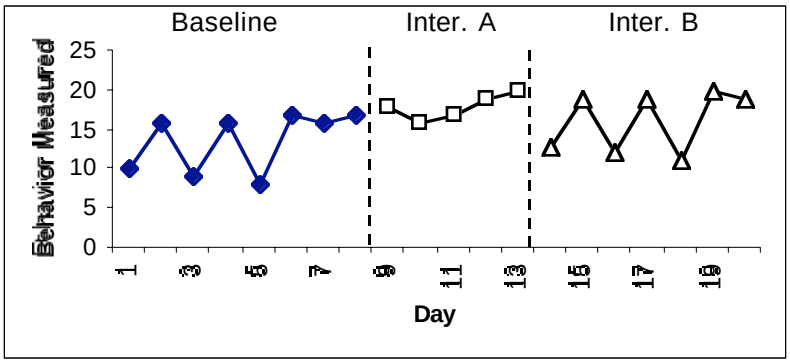


Figure 6.2 Variability and Overlap

definition of the behavior of concern. The evaluation includes a review of information from parents; classroom assessments including what type of work the child can and cannot do, and the type of work that seems to *trigger* the problem behavior. It is important to include observations of the overall classroom environment, frequency and types of instructions and feedback given to the student as well as the child's response, interviews from teachers, and results of general education interventions. Evaluations must be sufficient to determine (a) strengths relevant to the presenting problem and (b) additional information needed to design interventions that address the problem behavior. Data from prior functional behavioral assessments and behavior intervention plans are appropriate to examine.

Resistance to intervention is a concept applied to inferring need for special education. A graph with baseline data and intervention data is necessary to determine resistance to intervention. The areas to consider when analyzing a graph for evidence of resistance to intervention are *variability, overlap, level,* and *trend*.

Variability is the extent to which the data points in the graph *bounce*. The first graph illustrates the concept of variability. In Figure 6.2, there are many high and low data points in the baseline. During the first intervention, labeled A, there is less bounce in the data. This type of pattern suggests that the strategies being implemented are helping the learner be more consistent in their response. In the second intervention, labeled B, there is about the same variability during intervention as there is during baseline. This could be indicative of resistance to intervention, but additional judgments about overlap, level, and trend must also be made.

Overlap is the extent to which one phase of the program has data points that fall between the high and low data points of the previous phase of the program. In Figure 6.2, Intervention A has two points that fall within the range of performance exhibited during Baseline. Intervention B has four data points that fall within the range of performance exhibited during Intervention A. Figure 6.3 depicts overlap in the best situation. In this example, the team is trying to increase behavior through the intervention process. There is no overlap; the lowest data point of intervention (day 10) is higher than the highest point during baseline (days 2, 4 and 8). If the team is trying to decrease behavior, then the optimal pattern of data would be when the highest data point of intervention is lower than that lowest point during baseline. Overlap could indicate resistance to intervention; the intervention is not powerful enough to cause different and stable performance compared to baseline. However, variability, level, and trend must also be considered. In addition, interview statements and classroom observation should be considered, along with reviews of other relevant information.

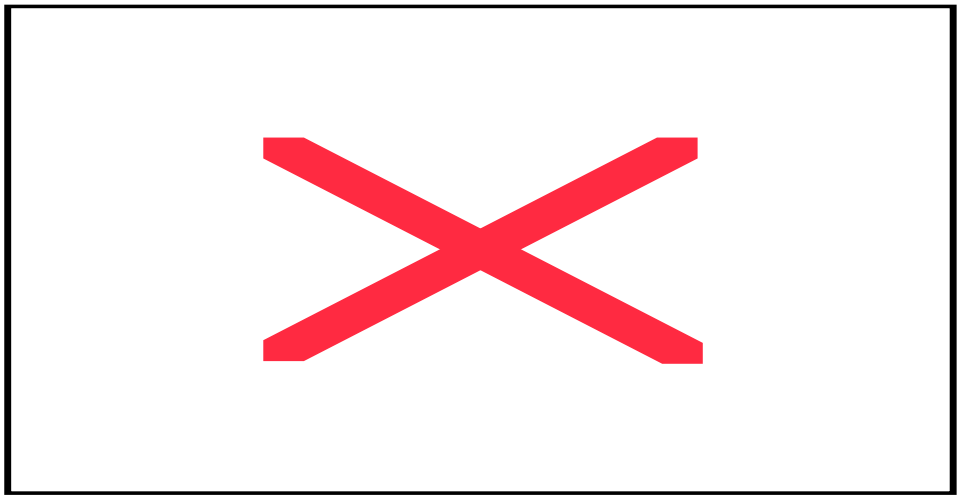


Figure 6.3 No Overlap Between Phases

Level is the extent to which performance during intervention is different, on average, from performance at baseline. The horizontal dotted lines in Figure 6.4 represent the average of all data points within each respective condition. Data points for Intervention A show less variety than data during baseline and has the same average of performance. Intervention B results in a higher average level of performance and is about as variable as data obtained through Intervention A. Interventions that are working will show a distinctly different level than was measured during baseline. If the level of performance during intervention is similar to baseline, resistance to intervention may be indicated (depending upon variability, overlap, and trend, and other information gathered during the intervention process).

Trend represents the direction, on average, of the behavior within each phase. If the goal of the intervention is to increase behavior over time, assuming time increases from left to right, then look for data points gradually getting higher as you read to the right side of the graph. If the goal of the intervention is to decrease behavior over time, then look for data points to be generally higher at earlier times of intervention, getting lower at later times of intervention. In Figure 6.5, trend during baseline is increasing, trend during Intervention A is decreasing, and trend during Intervention B is flat. If trend during intervention is about the same as during baseline, resistance to intervention might be indicated, although variability, overlap, level, and information from other sources must also be considered.

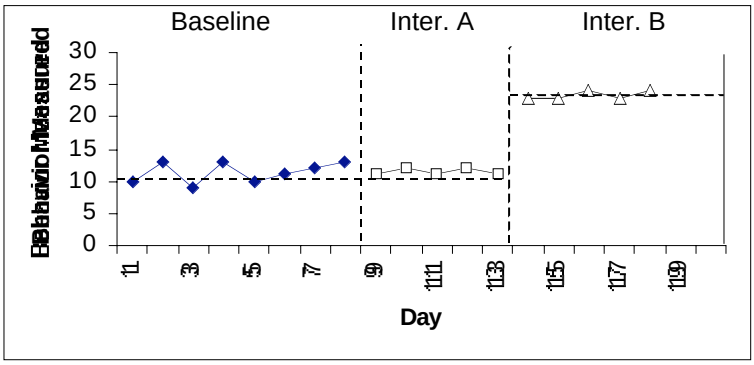


Figure 6.4 Level of Performance

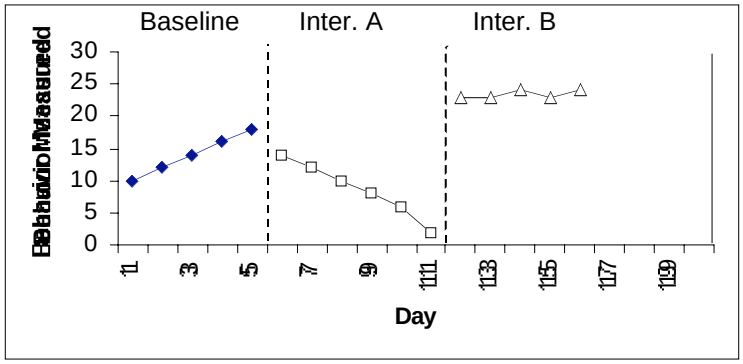


Figure 6.5 Increasing, Decreasing, and Level Trends

Gresham (1998) identified several factors related to resistance to intervention. First, how severe is the behavior? More severe behaviors will need more specialized resources. Second, how chronic is the behavior? Behaviors that withstand the test of time (maturation) will need more specialized interventions and resources. Third, does the intervention generalize to other people or settings? If it is difficult to generalize the behaviors, there is resistance to intervention. Fourth, what is the effect of the behavior on other students? Severe behaviors, even if low in frequency, can warrant specialized resources. Fifth, was the intervention designed using sound functional assessment? For example, if the intervention was designed based on a 10-minute teacher interview, or solely on the results of a standardized personality measure, the intervention is not valid and data cannot be interpreted. Sixth, was the intervention implemented with integrity? If not, intervention effects cannot be judged.

What Can Teams Do About Low Frequency Problem Behaviors and Crisis Situations?

While an analysis of resistance to intervention, the collection of data, and its graphic display are the recommended procedures for determining whether an individual needs special education and related services, it is also recognized that there are situations where a student exhibits problematic behaviors on an infrequent basis. In this case it is very difficult to take baseline data, establish trends, or to obtain enough data points to demonstrate the effects of intervention. The behavior of concern may be extremely disruptive to the classroom or even potentially dangerous to the student or classmates, but there may be several weeks between incidents. When confronted with such a situation the team needs to be guided by a consideration of the consequences of *not* providing services and make a judgment about the likelihood of the behavior occurring in the future. Such a judgment may also need to be informed by consultation with clinical colleagues.

. . . the team also needs to be guided by a consideration of the consequences of *not* providing services and make a judgment about the likelihood of the behavior occurring in the future.

Crisis intervention is sometimes required because of unique and unexpected circumstances that occur in the school. Examples of such situations are suicide threats and fights. A student with no prior history of behavioral problems may suddenly be involved in a serious incident. While it is not possible, or desirable, to make a determination of the need for special education on the basis of a single dramatic incident, it may be wise to provide some short-term services such as counseling to the student. After the immediate crisis has been dealt with, it is possible to provide these services outside the special education entitlement process and without an IEP. An area education agency may choose to include a provision for such services in its special education procedures manual. This option can be used to provide services to students without enacting all the procedures

discussed in this chapter. If this option is to be considered by an agency it should be limited to issues that do not have a long history or are likely to require extensive or extended service. Parental involvement is another important component. The provision of short-term services can also serve as an activity that helps the school determine that more formal problem-solving activities should take place.

When the team is responding to the crisis situation it needs to also consider whether a functional behavioral assessment should be conducted. If the behavior of concern is likely to result in disciplinary action being taken, it is wise to conduct such an assessment. The assessment will allow the team to proactively put in place measures to prevent future similar behaviors. If there are future questions about suspension, the functional behavioral assessment will help the school make decisions.

Are Additions or Modifications to Special Education and Related Services Necessary?

In order to find whether a student is entitled to special education services, the team must have evidence of attempted interventions and the results of those interventions. This evidence is collected during the general education intervention, problem-solving, or full and individual evaluation stages of the process. The provision of special education services should be recommended only when they can be reasonably calculated to provide benefit to the student (an exception to this position may occur when the behavior of the child represents an imminent danger or serious disruption to the education of other students). Such a calculation and recommendation should be made based upon knowledge of what has been attempted and what is likely to provide benefit in the future.

If teams are unable to learn anything about successful intervention strategies through the problem-solving and assessment processes, then they are not in a position to recommend entitlement for special education services. If the team finds itself in this position of being unaware of any promising intervention strategies, it should revisit the earlier stages of the process and recommend additional general education interventions. The purpose of revisitation is the identification of activities that suggest what could be provided in special education that might make a difference for the student. It is difficult to design an appropriate special education program without some knowledge of what might constitute appropriate and efficacious services.

There may be situations where interventions have been attempted and progress monitored without much improvement in student behavior. Other evaluation data may strongly suggest that a significant behavior problem exists and it has become clear that the status quo is unlikely to meet the student's needs. An alternative approach in such situations is to rely upon expert opinion and research evidence to guide the team's decision-making. In these cases, the requirement to attempt interventions is not lifted, but the team may rely upon best professional practices and the support of available and applicable research evidence to make the case for the provision of special education services, even in the absence of documented intervention attempts. In effect, the team makes the decision to move ahead with special education based upon the assumption that the characteristics of the student and the need for services is clearly supported by accepted best professional practices. In such a case, the team should *plan for an analysis of the interventions that will be provided as part of the special education services*. Such an approach also safeguards a student's access to needed services in a situation where intervention efforts had not been implemented with integrity.

It is recognized that decisions about entitlement are made within social contexts of schools. This is particularly salient for students with behavior problems. In some cases, there may be strong feelings about the need to remove the child from regular education. The obligation of the team considering entitlement is to arrive at a recommendation that is in the best interests of the child and not overly influenced by considerations outside of the intervention process, or contrary to the data obtained through intervention and other assessments.

Of course, it is essential that the interventions have been implemented with integrity in order to draw valid conclusions about their efficacy. If there is evidence that appropriate interventions implemented with integrity were not successful and that reasonable alternative interventions are not found in the professional literature, it is not possible to recommend special education services because it would be impossible to develop an appropriate IEP.

References

Gresham, F. M. (1998). Emotional and behavioral difficulties. In D. Reschly, W. D. Tilly III, and J. Grimes (Eds.*). Functional and Noncategorical Identification and Intervention in Special Education*, p. 85-108. Des Moines, IA: Iowa Dept. of Education (available under different title from Sopris West).

Iowa Department of Education (2000). *Rules of Special Education.* Des Moines, IA: Iowa Department of Education.

Chapter 7: Program and Service Planning

Carl R. Smith, Suana Wessendorf Knau and Jim Clark

Introduction

Throughout this document we have examined closely the best professional practices and the procedural and legal obligations regarding how we assess, evaluate and determine eligibility for students with significant behavioral needs. We have looked at these topics, not only from the standpoint of those students considered eligible for special education programs and services on the basis of their emotional, social and behavioral needs, but what we consider to be strong practices useful for a broad array of students beyond those deemed to be in need of special education programs and services. Among this latter group of students are those considered by some to be *at risk* of needing more intensive, individualized services who are still at a point of profiting from those services available in general education.

As important as these threshold decisions may be in the lives of children and their parents, it would seem wise to consider whether data that is *only* useful for eligibility and entitlement decision making is worth our time to collect. The most useful data, from our perspective, is that which can be used for eligibility considerations but is also useful to program planning for individual students. The application of data to program planning is the focus of this chapter.

Data, Decision Making and Program Appropriateness

At the heart of meeting the needs of students with disabilities is the expectation that students who are identified as having a disability will receive a program specially designed to meet their individual needs. From a legal perspective the courts have used phrases such as an expectation that the program provided for a student is "reasonably calculated to confer educational benefit" (*Board of Education v. Rowley*, 1982). How does a team of professionals and parents determine what will yield such benefit?

“This is often judged by looking at such issues as the adequacy of a student's individualized educational program. It may also be affected by the extent to which the program reflects acceptable standards of interventions as defined by a larger professional community that is knowledgeable about the needs of students with similar characteristics” (Osher, Osher, and Smith, 1994, p. 14).

To meet the court’s challenge we must have gathered sufficient relevant data to plan a program that confers educational benefit. Smith (1996) has posed several evaluation-related considerations in addressing program appropriateness under the heading of “Threshold Sensitivity” - what data must we use to identify the point at which a student requires specialized services, the progress made by the student through the interventions implemented and the point at which services are no longer needed. We will discuss aspects of progress measurement in more detail below but the other dimensions for adequate evaluation, early and timely interventions and exit criteria are defined by Smith (1996) in the following manner:

Adequacy of Evaluation: Have multiple sources of information been used in identifying this student as eligible? Have direct measures of behavior been integrated into the evaluation? Has the team been active in reviewing these data and discussing

the relevance of such? Does the record clearly demonstrate how these data have been used in the decision making process?

Early/Timely Intervention: Were prereferral or evaluation efforts initiated at a time when the problem behaviors were first noted? Were incremental interventions apparent in looking at the prior interventions used before special education identification? Were needed programs and services provided soon after the need for such services were determined?

Exit Criteria: Were criteria for success of interventions specified prior to initiation of the program? Was the process by which the review procedures beyond those required in statute discussed? Does the most recent review consider the student's status compared to exit criteria?

Only by a comprehensive review in which we gather the most relevant data and use professional procedures that are supported by the professional community can we arrive at a point where we are reasonably comfortable in answering the questions posed above. Such a review should enable us to determine what constitutes an appropriate program for a given student and the point at which this student no longer requires such a program.

Progress Monitoring and Decision Making

As suggested above, progress monitoring and decision making are essential components of the process of effectively implementing interventions that are directed at changing student behavior. It is critical that data from direct and frequent monitoring of the effects of interventions on target behaviors be used to make timely decisions about redesigning interventions in order to attain optimal results. Well-developed intervention plans include specific descriptions of how student progress will be monitored as well as how decisions will be made based on these data.

The following best practice benchmarks for implementing progress monitoring in a problem-solving process have been identified (Iowa Area Education Agency Directors of Special Education Association, 1994, page 13):

- The intervention plan includes progress monitoring and decision making.
- A behavior is operationally defined (e.g., measurable, observable and specific).
- A measurement strategy is selected that is appropriate to the dimensions of the behavior.
- The learner's current level of performance is defined.
- A measurable goal is written that describes the behavior, conditions and criterion.
- A progress monitoring graph is developed.
- Learner performance data are collected and graphed on a regular and frequent basis (1-3 times per week).
- A systematic decision-making plan is used to analyze the learner's pattern of performance.
- Modifications in the intervention plan are made, as frequently as necessary, based on progress monitoring data.

These benchmarks serve as a useful guide in ensuring that essential progress monitoring practices are used in evaluating the effectiveness of interventions designed to change student behavior.

Progress monitoring data must inform the decision making about intervention effectiveness including decisions about changes in interventions that may be needed. Progress monitoring should also include guidelines for checking fidelity of intervention implementation and other

progress variables (e.g., progress review meetings, adequacy of supports for high fidelity implementation). The following best practice benchmarks for decision making in a problem-solving process have been identified (Iowa Area Education Agency Directors of Special Education Association, 1994, page 14):

- There is documentation of parental involvement.
- There is a clearly stated decision-making plan that is developed prior to the implementation of the intervention plan.
- The decision-making plan is the basis for summarizing and evaluating the learner performance data.
- Decision making includes a plan for regular and frequent support for the implementor(s) with evaluation of data and the intervention plan.
- Decisions are made with data obtained through regular and frequent progress monitoring.
- The decision-making plan is implemented regularly to examine the effects of the intervention.
- The intervention is modified as necessary, based on the analysis of the learner's pattern of performance, and with the agreement of responsible parties.
- At the end of the goal period, the decision-making plan and learner performance data are analyzed to determine the effectiveness of the intervention.

Attention to these benchmarks in decision making about the effectiveness of a particular intervention or the need to change an intervention is vitally important and will ensure that informed decisions are made as student progress is documented.

Defining Acceptable Progress for Students

For any particular intervention, what constitutes acceptable progress toward the goal that is identified in the intervention plan? For students currently served, how do we decide that they have made sufficient progress to negate the need for continued services? Goals for behavior change are not often totally accomplished within a precisely predictable period of time. Nevertheless decisions about whether reasonable progress toward the goal is being made must be addressed.

In this decision-making process it is helpful to consider the various ways in which progress can be considered. The Iowa Special Education Effectiveness Results (I-SEE Results) procedures have described the various forms that progress toward goals can take (I-SEE Results User Manual, 1997) for students with IEPs.

First, decisions about acceptable progress can be made in the form of a "progress conclusion," i.e., a judgment about the results of the intervention as indicated by goal attainment. In making this judgment the question is asked, "Compared to the goal projected at the time of IEP planning, how did the individual perform in this goal area?" (I-SEE Results User Manual, 1997, p. 10). Several results are possible in viewing progress this way, e.g., the goal may have been met or even exceeded, the goal may have not been met but performance improved, and the goal may have not been met and performance did not improve or even got worse.

A second manner of considering progress is in the form of a "discrepancy conclusion" which compares the amount of discrepancy before the intervention (baseline) to the discrepancy after the intervention. Discrepancy in this context refers to the difference between the student's performance and what is expected. Analysis

of discrepancy can help determine whether the student's performance is keeping pace with that of peers over time.

A third form of progress is an "independence conclusion." This is a judgment about whether, as a result of the intervention, the student is more independent in the particular goal area.

As mentioned earlier, criteria for success of interventions must be specified prior to implementation, i.e., success must be clearly described. Thoughtful consideration of progress must then be an ongoing feature of evaluating the effectiveness of the plan.

As per requirements of the Iowa Administrative Rules of Special Education, data from general education interventions must be considered in making decisions about whether a student requires special education services. Decision making in this process relies on judgements about the effectiveness of the interventions that have been implemented and a determination of whether the interventions and services that may be needed to ensure continued progress include special education. These decisions must be made in reference to well designed, well implemented, and well monitored interventions that have clearly defined success.

In making special education eligibility decisions several outcomes are possible. It may be determined that:

- the goal has been attained and no continued services are needed.
- only general education services are needed to ensure continued goal attainment or to maintain acceptable progress toward the goal.
- only minimal progress has been made toward accomplishing the goal and that substantial resources and services including special education are needed to ensure progress.
- progress has been made toward the goal but that special education services are essential to ensuring continued progress.

Decisions about whether a student should exit special education services should focus on whether special education services are needed to sustain successful performance after it has been determined that goals have been met. For some students, special education instructional services may not be needed but particular support services may be essential for some period of time to ensure continued success. The episodic nature of some students' behavior should also be considered in this decision making. Planning for needed general education supports should not be ignored in making decisions about terminating special education services. The student's continued independence in the goal area and continued success may be critically dependent on providing general supports in the general education environment. For students moving to another setting, such decisions should also consider what general education supports may be needed to ensure successful transition.

Support and Related Services

An aspect of program planning that may have a particular significance in the behavior area is the need to assess the extent to which the necessary supports are being provided for a student in general and/or special education. We are expected to assess whether a student's behavioral needs can be met in the general education setting, with the provision of support and related services, prior to considering the need for a more restrictive, special education setting. Likewise, as we will discuss in more detail below, we are expected to consider the means by which we can meet the needs of any student within a comprehensive school setting prior to proposing that such a child's needs can only be met in a specialized, segregated special education setting.

We have some data, taken from a sample of students in Iowa served in more restrictive settings (Hendrickson, Smith, Frank & Merical, 1998) suggesting that students served in more restrictive settings are *less likely* to receive support services than other students with behavioral needs served in integrated settings.

The amendments to the Individuals with Disabilities Act (IDEA) adopted in 1997 reinforce the responsibility of IEP teams to consider services such as counseling for students with disabilities. As stated in one recent court decision from Connecticut, "When counseling and psychological services would allow a disabled child to benefit from special education, they are to be considered related services, to be provided at no cost to the child's parent or guardian" (*J. B. v Killingly*, 1997).

Again, in order to determine whether, in fact, a student requires these services in order to receive an appropriate education, the IEP team and other decision makers must gather and analyze the broad range of data described in this volume in order to make a carefully crafted, individualized decision regarding the need or lack of need for such services.

Defining the Need for Specialized Services

Another critical consideration for students with behavioral needs is the point at which a student requires an intensity level of services available only in more specialized settings, perhaps outside of the general education setting. Inherent to this discussion is the expectation that we consider the least restrictive setting for a given student.

There are a number of ways in which we can view the program intensity needs for individual students; all of which require a careful analysis of the data that has been collected regarding an individual student. First it is important to ensure that the least restrictive environment questions as posed within the Iowa Rules of Special Education have been carefully examined. We are expected to answer one series of questions for all students being considered for special education and an additional set of questions for situations in which we are considering the use of a segregated, specialized setting.

Smith (1996) has offered several other questions that can be considered when an IEP team is considering a more restrictive setting. These include:

Behavior Management Needs: What strategies to increase positive behaviors and decrease negative behaviors are in place? What crisis intervention strategies are parts of the program? Has the impact of these management strategies been assessed?

Behavior Change Strategies: What interventions are parts of the program for teaching new replacement behaviors for the behaviors determined to be unacceptable? Have these behaviors been judged in relation to the extent to which they will serve the student well? What strategies are in place for the generalization and maintenance of such behaviors?

Time Needs for Intervention: What are the time requirements needed to implement essential interventions? Can these be addressed within the traditional school day? Traditional school year?

Personnel Training Needs: What is the training needed by personnel carrying out essential interventions? What state training standards are appropriate? What is the manner in which new strategies are acquired by personnel working in these programs?

Program Model/LRE: Is the program model, from among a continuum of options, needed by this student made available? Is this student integrated to the maximum extent appropriate? Have necessary supports been provided to maximize integration opportunities?

These questions again reinforce the value of comprehensive data at various stages in a student's program; whether that be at the initial stage of eligibility determination and/or problem solving or at a later stage when the IEP team may be considering the need for a more restrictive program for a student.

Wraparound: A Critical Process in the Behavioral Area

The wraparound process provides for educators, families and students with significant behavioral needs a comprehensive support and service approach. Several states (e.g., Kentucky, Nebraska, and Illinois) have implemented the wraparound process described by Eber (2000) to address the needs of students with significant behavioral concerns and their families. Safeguarding Our Children: An Action Guide (2000) describes Eber's wraparound process and its results. By using the wraparound approach the LaGrange Area Department of Special Education has gone from eight self-contained K-8 classes for behavioral disorders to zero. These students are served in their home schools with wraparound teams, family service facilitators, and team teachers. Eber states that wraparound is a process, an approach that addresses the needs of students with chronic/intense problem behaviors and their families. A wraparound plan integrates the individual's specialized interventions within the home, school, and community setting. Families and educators who use the wraparound approach have fewer problems creating a supportive and caring environment for students with significant behavioral needs.

Wraparound planning includes the following components:

- used with individual students and their families
- based on unique child and family needs
- built upon child, family, and provider strengths
- uses traditional and nontraditional interventions
- encompasses multiple life domains
- resources are blended
- services are planned, implemented, and evaluated by a team
- team supports child, family, and providers
- unconditional - if the plan doesn't work, change the plan

Eber, 2000

Eber (2000) describes the following steps, which are needed in order to develop a wraparound plan:

Step 1: Initial conversations (story)
Step 2: Start meeting with strengths
Step 3: Develop a mission statement
Step 4: Identify needs across domains
Step 5: Prioritize needs
Step 6: Develop actions
Step 7: Assign tasks/solicit commitments
Step 8: Document the plan: Evaluate, refine, monitor and transition

Wraparound is 1) a team process that incorporates an initial conversation and normalizes needs; 2) strengths-based and family-centered with a strong focus on home, school and community; 3) teacher-centered with built in flexibility; and 4) unconditional, includes cultural competencies, and is outcome driven. (Eber, 2000)

Another approach to supporting families and students is the Comprehensive Community Mental Health Service for Children and Their Families program. This program currently supports 41 comprehensive systems of care sites to meet the needs of children with behavior disorders. These 41 sites are overcoming obstacles to educate children with BD and establishing successful school-based systems of care. Barriers in areas such as school structure, decision-making, mandates, financial support and accountability are effectively

being eliminated or reduced. Woodrull et al (1999) notes that the successes and weaknesses achieved in these settings are dependent upon the strength of the collaboration of the mental health partnerships.

A third multisystem approach is used between the Manitoba Department of Education and Training, Family Services, Health and Justice (1995). This study states that "typically [students] do receive a combination of child welfare, special education, mental health, or juvenile correction services. A critical weakness…is that they are often fragmented as each service focuses on a particular aspect of the [student's] problem." This approach mandates a shared interdepartmental multisystem case management approach in the delivery of services. The Manitoba Department of Education reports that students who are a part of the multisystem approach are more likely to have positive service outcomes. Three core values were cited in this study. They include the following:

- The system of care should be child-centered and family-focused, with the needs of the child and family dictating the types and mix of services provided.
- The system of care should be community-based, with the locus of services as well as the management and decision-making responsibility resting at the community level.
- The system of care should be culturally competent, with agencies, programs, and services that are responsible to the cultural, racial, and ethnic differences of the populations they serve.

(Department of Education, 1995)

It is critical for the success of students with behavioral needs to have a multifaceted approach. Schools, families, and communities need to collaborate to bring all agencies and educators together to develop these systems. Schools cannot do this alone. Communities and mental health providers need to support school personnel with resources. This system of collaborative care will create a process to address all students with significant behavioral needs and their families and will create a healthy, caring workforce.

Research on Best Practices in BD (Programming /Service Planning)

The success of students with behavioral needs in the school setting is dependent on numerous programming and service planning opportunities. Families, educators, and in most cases the student, must be involved in this planning. Every avenue should be discussed to allow each student to reach his/her maximum capabilities. Below are several areas that the student, family, and educators should be addressing during a student's school years.

School personnel should design and implement effective programs for all students but especially for students with significant behavioral needs. These effective programs enhance the learning of all students but are most appropriate and necessary for students with behavioral disorders. According to Johns (1996) the following areas need to be addressed in the creation of effective programs for students with behavioral disorders:

- issues of student placement and LRE
- conditions of learning, curriculum, and consequences that work
- best practices and legal guidelines concerning the use of timeout
- best practices for developing level systems to manage students with BD, including level systems that meet the mandates of the law
- the Garrison Model, a therapeutic program emphasizing a student's responsibility for his/her choices, a whole school approach, direct social

skills training, positive involvement in the community, application of logical and natural consequences for inappropriate behavior, violence intervention, and parent involvement.

Students with behavioral needs tend to drop out of school, experience a high rate of unemployment or underemployment, encounter problems with the law, and receive little assistance from community agencies upon leaving school. These problems are related to lack of social skills, lack of self-awareness and responsibility, lack of daily functional skills, lack of support, and teaching barriers (Bateman, 1996). School personnel should address these areas by incorporating successful transition programs, which should consist of vocational preparation activities, social skills and self-awareness training, and independent living skills.

Forness, Kavale, Blum and Lloyd (1997) completed a mega-analysis on meta-analyses on what works in special education/related services. The authors created a scale using three degrees of success (convincing, promising, and modest) and described the types of interventions used with children with disabilities. The results of the study are as follows:

- Convincing/ Interventions that Work
  - mnemonic strategies
  - enhancing reading comprehension
  - behavior modification
  - direct instruction
  - cognitive behavior modification for aggression, etc.
  - formative evaluation
  - early intervention
- Promising/Good Effects
  - stimulant drugs
  - computer-assisted instruction
  - peer tutoring
  - psycholinguistic training
  - reduced class size
  - psychotropic drugs (research from 1984)
- Very Modest/ Ineffective Effects
  - social skills training
  - modality instruction
  - Feingold diet
  - perceptual training
  - special class placement

The authors caution that educators must remember that students are all different. Some students will succeed even with ineffective interventions. New psychotropic drugs have been developed and used since the 1984 study used in this analysis and may have a more positive impact on the effectiveness with students.

Before a program can be implemented, school staff should conduct a needs assessment regarding their particular student needs. Without understanding each school site's students' needs, any school program will fail to reach its potential to be successful. Currently, there are many effective, research-based programs that have been successful in schools. A complete listing of exemplary and promising programs can be found in the Iowa Department of Education Safe School Leadership handbook (2001). Appendix A contains a list of intervention programs and contact information compiled by the Institute of Violence and Destructive Behavior at the University of Oregon. These model programs have been used throughout the country and will help schools develop plans in decision-making regarding planning, program selection, implementation, and evaluation.

Careful consideration, continuous evaluation and assessment, re-designing, and creative processing will allow for these types of approaches to assist schools in helping to support students with behavioral needs.

Summary

Sugai and Lewis (1999) state that "recent reviews of the literature indicate that schools

and parents can be successful in reducing challenging behavior by implementing a proactive prevention and early intervention program" (Conduct Problems Prevention Research Group, 1992; Dodge & The Conduct Problems Prevention Research Group, 1993; Elliot, 1994a, 1994b; Gottfredson & Gottfredson, 1996; Larson, 1994; Sugai & Horner, 1994; Tolan & Guerra, 1994; Walker et al.,1995, 1996; Zigler et.al, 1992). The low success rate of some programs designed to serve children and youth with behavior disorders has resulted in students "having lower grades than any other group of student with disabilities" (U.S. Department of Education, 1994, p.109); 50 percent drop out of school, the highest rate of all disability categories (U.S. Department of Education, 1995); only 42 percent graduate with a diploma (Wagner, 1991); "20 percent are arrested at least once before they leave school; and 35 percent are arrested within a few years of leaving school (U.S. Department of Education, 1995, p 110)."

These statistics point to a need for meaningful, functional assessment that in turn leads to more effective program and service planning. Through improved prevention, early intervention and research-based practices, children and youth with behavior disorders will have an opportunity to achieve success in their schools and communities.

Conclusion

This product has focused on what the planning group contends are the most important elements to consider in assessing the social, emotional and behavioral needs of students. This assessment process is critical in truly designing individualized and appropriate programs for students with behavioral disorders and others with similar specialized needs. However, completing this assessment process is only valuable when it leads to the provision of meaningful programs and services for students.

Our goal with this final chapter has been to present a bridge to this program planning and delivery stage. As cited earlier, the assessment process should lead us to the "doorstep" of intervention (Greene, 2000).

References

Bateman, D. F. (1996 March). A Survey of Transition Needs on Students with Behavioral Disorders in the Midwest, *Rural Goals 2000: Building Programs That Work*.

Board of Education of the Hendrick Hudson School District v. Rowley, 458 U.S. 176 (1982).

Conduct Problems Prevention Research Group. (1992). A developmental and clinical model for the prevention of conduct disorders: The FAST Track Program. *Development & Psychopathology*, *4*, 509-527.

Dodge, K. A., & the Conduct Problems Prevention Research Group (1993 March). *Effects of intervention on children at high risk or conduct problems.* Paper presented at Society for Research in Child Development, New Orleans.

Dwyer, K. and Osher, D. (2000*). Safeguarding Our Children: An Action Guide.* Washington, D.C.: U.S. Departments of Education and Justice, American Institutes for Research.

Eber, L. (2000 April) Presentation at the Council for Exceptional Children Annual Convention, Vancouver, B.C., Canada.

Elliot, D. S. (1994a). *Youth Violence: An overview*. Boulder, CO: Center for the Study and Prevention of Violence.

Elliot, D. S. (1994b). Serious violent offenders: Onset, developmental course, and termination—American Society of Criminology 1993 Presidential Address. *Criminology, 32,* 1-21.

Forness, S., Kavale, K., Blum, I. M., and Lloyd, J. W. (1997). Mega-analysis of Meta-analyses: What Works in Special Education and Related Services. *Teaching Exceptional Children, 29* (6), p.4-9.

Gottfredson, G. D., & Gottfredson, D. C. (1996). *A national study of delinquency prevention in schools: Rationale for a study to describe the extensiveness and implementation of programs to prevent adolescent problem behavior in schools.* Ellicott city, MD: Gottfredson Associates.

Greene, R. (2000). Explosive/noncompliant children and adolescents. Presentation at 12th Annual CHADD Conference, November 2, 2000, Chicago, Illinois.

Hendrickson, J. M., Smith, C. R., Frank, A. and Merical, C. (1998). Decision-making factors associated with placement of students with emotional and behavioral disorders in restrictive education settings. *Education and Treatment of Children*, *21*, 3, 275-302.

Iowa Area Education Agency Directors of Special Education Association (1994 January). *Professional practices in problem-solving: Benchmarks and innovation configuration.* Des Moines, Iowa: Iowa Area Education Agency Directors of Special Education Association.

Iowa Department of Education (2001). *Safe School Leadership Handbook*. Des Moines, IA: Iowa Department of Education.

Iowa Special Education Effectiveness Results Users Manual (1997). Des Moines, IA: Iowa Department of Education.

J.B. v. Killingly Board of Education, 990 F. Supp 57 (U.S. District Court, CN, 1997).

Johns, B. et.al. (1996). *Best Practices for Managing Adolescents with Emotional/Behavioral Disorders within the School Environment*. From the Mini-Library Series on Emotional/Behavioral Disorders, Council for Children with Behavioral Disorders.

Larson, J. (1994). Violence prevention in the schools: A review of selected programs and procedures. *School Psychology Review, 23,* 151-164.

Manitoba Department of Education and Training, Family Services, Health and Justice. (1995, June 8). Interdepartmental Protocol Agreement for Children/Adolescents with Severe to Profound Emotional. Behavioral Disorders, Winnepeg , Manitoba, Canada.

Osher, D., Osher, T. and Smith, C.R. (1994). Toward a national perspective in behavioral disorders: A developmental agenda. *Beyond Behavior, 6*, 1, 6-17.

Smith, C. R. (1996). Determining eligibility and program appropriateness for students with emotional and behavioral disorders: Questions and some answers. In *Proceedings of the 17th National Institute of Legal Issues of Educating Individuals with Disabilities.* Horsham, PA: LRP Publications.

Sugai, G., & Horner, R. (1994). Including students with severe behavior problems in general education settings: Assumptions, challenges, and solutions. In J. Marr, G. Sugai, & G. Tindal (Eds.). *The Oregon conference monograph* (Vol. 6, pp. 102=120). Eugene, OR: University of Oregon.

Sugai, G and Lewis, T. J. (1999). Effective Behavior Support: A Systems Approach to Proactive Solider Management. *Focus on Exceptional Children, 31(6),* p. 2-24.

Tolan, P., & Guerra, N. (1994). *What works in reducing adolescent violence: An empirical review of the field.* Boulder, CO: Center for the Study and Prevention of Violence.

United States Department of Education (2000 April). *Safeguarding our children: An action guide*. Washington, DC: Editorial Publications Center, U.S. Department of Education.

United States Department of Education (1995). *The condition of education*. Washington, D.C.: National Center for Education Statistics.

Wagner, M. (1991). *Dropouts with disabilities: What do we know? What can we do?* Menlo Park, CA: SRI International.

Walker, H. M., Colvin, G., & Ramsey, E. (1995). *Antisocial behavior in school: Strategies and best practices.* Pacific Grove, CA: Brooks/Cole.

Walker, H. M. Horner, R. H., Sugai, G., Bullis, M., Sprague, J. R., Bricker, D., & Kaufman, J. J. (1996). Integrated approaches to preventing antisocial behavior patterns among school-age children and youth. *Journal of Emotional & Behavioral Disorders, 4*, 193-256.

Woodrull, D. W., Osher, D., Hoffman, C., Gruner, A., King, M. A., Snow, S. T., McIntire, J. C. (1999). The Role of Education in a System of Care: Effectively Serving Children with Emotional or Behavioral Disorders. *Systems of Care: Promising Practices in Children's Mental Health., 3*.

Zigler, E., Taussig, C., & Black, K. (1992). Early childhood intervention: A promising preventative for juvenile delinquency. *American Psychologist, 47*, 997-1006.